Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 16-30**, **2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Version	7/03

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE 2. DATE SUBMITT		2. DATE SUBMITTED	Applicant Identifier		ntifier	
	-	June 23, 2005 3, DATE RECEIVED BY STATE		Ctate Application Identifier		
1. TYPE OF SUBMISSION:	Due application	3. DATE RECEIVED B	YSIAIE	State Applicat	State Application Identifier	
Application	Pre-application	4. DATE RECEIVED BY FEDERAL AGE		Y Federal Identifier		
Construction	Construction					
Non-Construction	Non-Construction	on				
5. APPLICANT INFORMATION			Organizational Un	it.		
Legal Name:			Department:			
Metropolitan Water District of Sc	outhern California		Water System Ope	rations Group		
Organizational DUNS:	, 3842974	-	Division: Water Quality Sect	ion		
Address:	7 10 1 4	A PROPERTY OF STATE O			erson to be contacted on matters	
Street:		ECEIVED	involving this app			
	1 1 1 1	merca () Lanes bear	Prefix:	First Name:		
700 Moreno Avenue		UN 3 0 2005	Dr. Middle Name	Christopher	A MARKET CONTRACTOR OF THE CON	
City: La Verne	-	10 N 9 A 5002	James			
County:			Last Name			
Los Angeles County	STAT	E CLEARING HOUSE	Gabelich			
State: CA	Zip Code 91750	and the field of the property of the second	Suffix:			
	01100		Email:			
Country: USA			cgabelich@mwdh2		IE N. L. (
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (giv	e area code)	Fax Number (give area code)	
95-6002071			909-392-5113		909-392-5166	
8. TYPE OF APPLICATION:			7. TYPE OF APPL	CANT: (See bac	k of form for Application Types)	
V New	√ ☐ Continu	ation Revision				
If Revision, enter appropriate lett	er(s) in box(es)	ALION BUT TOURS	A			
(See back of form for description	of letters.)		Other (specify)			
			O NAME OF CEDE	DAL ACENCY		
Other (specify)			9. NAME OF FEDERAL AGENCY: Dept. of Interior, Bureau of Reclamation			
10. CATALOG OF FEDERAL D	OMESTIC ASSIST	ANCE NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:	
10. OATALOG OF TEDLICAL	, O.M. 2011 0 7.00.01.				ATION OF INTEGRATING 18-INCH	
		15-506	DIAMETER REVE	RSE OSMOSIS E	LEMENTS WITH CONCENTRATE	
TITLE (Name of Program): Desalination and Water Purifica	tion Research				ATER THAN 95 PERCENT TOTAL	
12. AREAS AFFECTED BY PR		nties, States, etc.):	SYSTEM WATER	RECOVERY		
	3023. (37.133, 334.	,				
Los Angeles. Ca; Yuma, AZ			14. CONGRESSIO	NAL DISTRICTS	OE:	
13. PROPOSED PROJECT	Ending Date:		a. Applicant	NAL DISTRICTS	b. Project	
Start Date: October 1, 2005	May 31, 2007		Calif. Congessiona		Ariz. Cong. Dist. 7	
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE	
		00	ORDER 12372 PRO	OCESS?	MADDI ICATIONI MAC MADE	
a. Federal \$	and the state of t	318,491	a. Yes. AVAIL	ABI F TO THE ST	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
b. Applicant	B States Land		PROC	ESS FOR REVIE	WON	
DEC	VEL	306,510		0,000	23, 2065	
c. State		465,000	DATE:	gue .	23, 200	
d. Local IIIN 3 \$	2005		b. No. 🕏 PROG	RAM IS NOT COV	VERED BY E. O. 12372	
3011	for U U U	- 00	D. 140. 82.3			
e. Other \$		1,851,600		OGRAM HAS NO EVIEW	OT BEEN SELECTED BY STATE	
f. Program InSTATE CLEAS	NG HOUSE				NT ON ANY FEDERAL DEBT?	
1. 1 rogram	Desired appears to the great of the section Company and Company an					
g. TOTAL \$		2,941,601	Yes If "Yes" atta	ach an explanation	n. 🛛 No	
18. TO THE BEST OF MY KNO	WI EDGE AND BEI	IFF ALL DATA IN THIS AF	PLICATION/PREAPE	LICATION ARE	TRUE AND CORRECT. THE	
DOCUMENT HAS BEEN DULY	AUTHORIZED BY 1	HE GOVERNING BODY OF	THE APPLICANT A	ND THE APPLICA	ANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF	THE ASSISTANCE	S AWARDED.				
a. Authorized Representative	First Name		Mid	dle Name		
Prefix	First Name Z	icar do	pviidi	2,0 140110		
Last Name 7 /			Suff	ix		
De L	-en			alanhana Numbar	(dive area code)	
b. Title Microba	lago dust	Hanager	C. 1	elephone Number 9	(give area code)	
d. Signature of Authorized Repre	- 1	e. D	ate Signed	(1.9/1.5		
	·				Standard Form 424 (Rev.9-2003)	
Previous Edition Usable	an.	<i>U</i>			Prescribed by OMB Circular A-102	
Authorized for Local Reproduction	71.1					

OMB Approval No. 0348-0043

APPLICATION FOR FEDE	CRAL ASSISTANCE	2. Date Submitted	Applicant Identifier
Type of Submission:		3. Date Ree'd by State	State Application Identifier
· ·	pplication		
	Construction	↑. Date Rec'd by Federal	Federal Identifier
	Noncemente		
5. Applicant Information:	JUL 0 5 2005	Organizational Unit:	
Legal Name and Address:		San Francisco Bay Regional Water Qu	
(give city, county, state, and zip o		Name and telephone of person to be a	
		E involving this application (give area o	odc):
· ·	amento County	Marcia Brockbank	
Sacramento, Califo	ornia 95814	510-622-2325	
6. Employer Identification Numb	ber (EIN): 680281986	7. Type of Applicant: (enter appropri	
		_	endent School District
6. DUNS Number: 8083219	913 .		nstitute of Higher Learning
8. Type of Application:		,	e University
_X_NewRevision	Continuation	D. Township K. Indian	1 Tribe
If Revision, enter appropriate lett		E. Interstate I. Individual	dual
	B. Decrease Award	F. Intermunicipal M. Profit	t Organization
	D. Decrease Duration	G. Special District N. Other	-
Other (specify)			
V / manufacture of the control of th		9. Name of Federal Agency:	
10. Catalog of Federal Domestic	: Assistance Number	U. S. Environmental Pr	otection Agency
	•	11. Descriptive Title of Applicant's P	\:_a.
Title: National Estuary P	rogram	To restore water quality and natural re	
	•	management and public/private partner	
A CC and L. Designation			
12. Area Affected by Project:		region's economic vitality. The SPEP	
(cities, counties, states, etc.)		the implementation of a coordinated a	
	Delta region, California	preserving, restoring and enhanding t	he Bay-Delta Estuary.
13. Proposed Project:	***		
	End Date	14. Congressional District of:	
1/1/2006	12/31/2006	Applicant: Project:	
		3 California	
15. ESTIMATED FUNDING:		16. Is the application subject to revie	•
		Executive Order (EO) 12372 process	
a. Federal	\$100,107	a. YES: _X_ This application	/preapplication was made
b. Applicant	\$ 0	available to the State E	
c. State	\$99,893	review on:	- -
d. Local	\$0	· ·	ly 5, 2005
e. Other	\$0		covered by EO # 12372
f. Program Income	\$0		of heen selected by the
-	Species and a sp	state for review.	-
g. TOTAL	\$200,000	17. Is the applicant delinquent on an	
g. TOTAL	. φ Ζ 00 ₃ 000	YES, attach explanation	•
		YES, attach expranación	_X NO
18 TO THE BEST OF MY KN	OWI EDGE AND BELIEF, ALL I	DATA IN THIS APPLICATION/PREA	PPLICATION ARE
		AUTHORIZED BY THE GOVERNING	
		HE ATTACHED ASSURANCES IF TH	
IS AWARDED.	MONITO WILLIAM SOUTH ET THE	III MI I MARIANA MARIANA	IL AUDIO A. C.
184		Transaction of the control of the co	The Land Months
a. Typed Name of Authorized R	epresentative	b. Title:	c. Telephone Number
Ccleste Cantú		Executive Director	(916) 341-5615
d. Signature of Authorized Repr	csentative		e. Date Signed:
1			1
1			•

FEDERAL ASSISTANCI		1		_7/1/05	1	
. TYPE OF SUBMISSION: Application	Pre-application	3. DATE	RECEIVED BY	STATE	State Appli	cation Identifier
Construction	Construction	4. DATE	RECEIVED BY	FEDERAL AGENC	Federal Ide	ntifier
Non-Construction APPLICANT INFORMATION	Non-Constru			,		
egal Name:				Organizational Ur	nit.	
	Fresno					epartment
Organizational DUNS: 0718	387855			Division:		
ddress:		RECE	IVED	Name and telepho	ne number of	person to be contacted on mai
) Fresno	Street		involving this app	First Name:	
ity: Fres		JUL 0	5 2005 -	Middle Name		Judy
ounty: Fres		OTATE OLEA	DING HOUS	Last Name Garc		,
tale:	Zin Code		MING HOUS	Suffix:	18	
Ountry:	93	721		Emaile		
•	M MI MERCE			Email: judy	.gaccla	@ci.fresno.ca.us
EMPLOYER IDENTIFICATIO):		Phone Number (give	area code)	Fax Number (give area code)
94-6 00 03 38 TYPE OF APPLICATION:				(559)621-		(559)4881010
New	·			7. TYPE OF APPLI	CANT: (See ba	ack of form for Application Types
Revision, enter appropriate lette ee back of form for description	er/s) in hav/as)	nuation ⊪ R	levision	Other (specify)		
				(, , , , , , , , , , , , , , , , , , ,		
ther (specify)				A NAME OF FEDE	RAL AGENCY:	
TLE (Name of Program): Continue to Safety	operativ Belt Us	e Agreeme	ent to	Increasing Among 8	ng Safet on 15 Ya	Efic Safety Admi LICANT'S PROJECT: LY Belt Use Lar Olds in
TLE (Name of Program): Concrease Safety AREAS AFFECTED BY PRO	operativ Belt Us DJECT(Cities, Co	e Agreeme	ent to	11. DESCRIPTIVE	ng Safet on 15 Ya	LICANT'S PROJECT:
TLE (Name of Program): Concrease Safety AREAS AFFECTED BY PRO City of Fresh PROPOSED PROJECT	operativ Belt Us DJECT (Cities, Co	e Agreeme	ent to ear Olds	Increasing Among 8 of Fresno, (TITLE OF APPI Dg Safet D 15 Ya CA	LICANT'S PROJECT: LY Belt Use Par Olds in
TLE (Name of Program): Concrease Safety AREAS AFFECTED BY PRO City of Fresno PROPOSED PROJECT art Date: 1/05	operativ Belt Us DJECT(Cities, Co	e Agreeme	ent to ear Olds	Increasing Among 8 of Fresno, (TITLE OF APPI Dg Safet D 15 Ya CA	LICANT'S PROJECT: LY Belt Use Lar Olds in S OF:
TLE (Name of Program): Concrease Safety AREAS AFFECTED BY PRO City of Fresno PROPOSED PROJECT art Daily: 1/05 ESTIMATED FUNDING:	operativ Belt Us DJECT (Cities, Co	e Agreeme e 8-15 Ye ounties, States, etc	ear Olds	Increasing Among 8 th Fresho, (14. CONGRESSION a. Applicant 20 & 16. IS APPLICATE 12773 PROCESSION ORDER 12773 PROCESSION 1. The second	TITLE OF APPI TO Safet TO 15 Ya TAL DISTRICTS 21 N SUBJECT TO	EXAMPLE SPROJECT: EXAMPLE 2 S
TLE (Name of Program): Concrease Safety AREAS AFFECTED BY PRO City of Fresno PROPOSED PROJECT art Date: 1/05	operativ Belt Us DJECT (Cities, Co	e Agreeme e 8-15 Ye punties, States, etc	ear Olds	Increasing Among 8 th Fresho, (14. CONGRESSION a. Applicant 20 & 16. IS APPLICATION ORDER 12372 PRO	TITLE OF APPI TO Safet TO 15 Ya TAL DISTRICTS TAL DISTRICTS TO 21 N SUBJECT TO DESS?	EXAMPLE CATION WAS MADE
TLE (Name of Program): Concrease Safety AREAS AFFECTED BY PROCE PROPOSED PROJECT art Date: 1/05 ESTIMATED FUNDING: Federal Applicant	operativ Belt Us DJECT (Cities, Co	e Agreeme e 8-15 Ye ounties, States, etc	ear Olds	Increasing Among 8 of Fresho, (14. CONGRESSION a. Applicant 20 & 16. IS APPLICATIO ORDER 12372 PROPORTION AVAILA	TITLE OF APPI TO Safet TO 15 Ya TAL DISTRICTS TAL DISTRICTS TO 21 N SUBJECT TO DESS?	LICANT'S PROJECT: LY Belt Use Par Olds in SOF: b. Project 20 & 21 D REVIEW BY STATE EXECUTIVE ORDER 123
TLE (Name of Program): Concrease Safety LAREAS AFFECTED BY PRO City of Fresh PROPOSED PROJECT artDate: 1/05 ESTIMATED FUNDING: Federal	operativ Belt Us OJECT (Cities, Co	e Agreeme e 8-15 Ye punties, States, etc	ear Olds	Increasing Among 8 in Fresho, (14. CONGRESSION 2. Applicant 20 δ 16. IS APPLICATIO ORDER 12372 PROPER 123	TITLE OF APPI TO SAFE TO 15 YEAR ALDISTRICTS A 21 N SUBJECT TO CESS? REAPPLICATION BLE TO THE ST	LICANT'S PROJECT: LY Belt Use Par Olds in SOF: b. Project 20 & 21 D REVIEW BY STATE EXECUTION WAS MADE TATE EXECUTIVE ORDER 123
TLE (Name of Program): Concrease Safety AREAS AFFECTED BY PROCE PROPOSED PROJECT art Date: 1/05 ESTIMATED FUNDING: Federal Applicant State	operativ Belt Us OJECT (Cities, Co	e Agreeme e 8-15 Ye punties, States, etc	ent to ear Olds	11. DESCRIPTIVE Increasing Among 8 in Fresho, (14. CONGRESSION 2. Applicant 20 & 16. IS APPLICATION ORDER 12372 PROMISE THIS PROCES DATE:	TITLE OF APPI TO SAFE TO 15 YE TO 16 Y	LICANT'S PROJECT: LY Belt Use Par Olds in SOF: b. Project 20 & 21 D REVIEW BY STATE EXECUTION WAS MADE TATE EXECUTIVE ORDER 123
TLE (Name of Program): Concrease Safety RAREAS AFFECTED BY PRO City of Fresno PROPOSED PROJECT art Date: 1/05 ESTIMATED FUNDING: Federal \$ Applicant \$ State \$ Local \$ Other \$	operativ Belt Us OJECT (Cities, Co	e Agreeme e 8-15 Ye punties, States, etc	ent to ear Olds	11. DESCRIPTIVE Increasing Among 8 to Fresho, (14. CONGRESSION 2. O 8 16. IS APPLICATIO ORDER 12372 PRODER 12372 PROGRES 1 PROGRES	TITLE OF APPI TO SAFE TO SAFE	EXAMPLICANT'S PROJECT: TY Belt Use Ear Olds in SOF: b. Project 20 & 21 D REVIEW BY STATE EXECUTION WAS MADE TATE EXECUTIVE ORDER 123 EW ON VERED BY E. O. 12372
TLE (Name of Program): Concrease Safety LAREAS AFFECTED BY PROCE PROPOSED PROJECT art Date: 1/05 ESTIMATED FUNDING: Federal Applicant State State Stocal Other Program Income	operativ Belt Us OJECT (Cities, Co	e Agreeme e 8-15 Ye punties, States, etc	ent to ear Olds	11. DESCRIPTIVE Increasin Among 8 if Fresho, (14. CONGRESSION a. Applicant 20 & 16. IS APPLICATIO ORDER 12372 PRO AVAILA PROCE DATE: b. No. I PROGRE FOR RE	TITLE OF APPI TITLE	EV Belt Use ear Olds in SOF: b. Project 20 & 21 D REVIEW BY STATE EXECUT INVAPPLICATION WAS MADE TATE EXECUTIVE ORDER 123 W ON VERED BY E. O. 12372 DT BEEN SELECTED BY STATE
TLE (Name of Program): Concrease Safety RAREAS AFFECTED BY PRO City of Fresno PROPOSED PROJECT art Date: 1/05 ESTIMATED FUNDING: Federal \$ Applicant \$ State \$ Cocal \$ Cocycle	Operativ Belt Us DJECT (Cities, Co	249,916	ob co	11. DESCRIPTIVE Increasing Among 8 in Fresho, (14. CONGRESSION 2. O 8 16. IS APPLICATION ORDER 12372 PRODUCTION AVAILA PROCE DATE: D. No. II PROGRESION OR PROCE TOR PROGRESION OR PROCE TYPES If "Yes" attack	TITLE OF APPI TO SAFE TO 15 YEAR TO 15 YEAR TO 15 YEAR TO THE SEAR THE SEA	EXPERIENCE ON ANY FEDERAL DEBTA
TLE (Name of Program): Concrease Safety The Safety The Safety The Safety To the Best of My Know Cument has Been duly a fached assurances if the safety safe	Operativ Belt Us DJECT (Cities, Co	249,916 249,916 249,916	co c	Increasing Among 8 in Fresho, (14. CONGRESSION a. Applicant 20 & 16. IS APPLICATION ORDER 12372 PROCESSION AVAILAND PROCESSI	TITLE OF APPI TO SAFE TO 15 YEAR TO 15 YEAR TO 15 YEAR TO THE SEAR THE	EXPERIENCE BY STATE EXECUTIVE ORDER 123 ENT ON ANY FEDERAL DEBTS.
TLE (Name of Program): Concrease Safety The Safety The Safety The Safety To The Second Safety To The Best of My know Coument has been duly a fached assurances if the Safety The Safety The Second Saf	Operativ Belt Us DJECT (Cities, Co D Ending Date: VLEDGE AND BE UTHORIZED BY HE ASSISTANCE	249,916 249,916 249,916	co c	11. DESCRIPTIVE Increasing Among 8 in Fresho, (14. CONGRESSION 2. O 8 16. IS APPLICATION ORDER 12372 PRODUCTION OF PROCES DATE: b. No. IT PROGRESION OR PROCES THIS PROCES DATE: DATE: DATE: DATE: THIS PROGRESION OF PROCES TOR PROCES	ITILE OF APPI IN SUBJECT TO CESS? REAPPLICATION BLE TO THE S' SS FOR REVIE 7 / 1 / 0 5 AM IS NOT CO OFFICE OF THE STORY WIEW ANT DELINQUE TO THE APPLICATION CATION ARE OTHE APPLICATION OF THE APPLICATIO	EXPERIENCE BY STATE EXECUTION WAS MADE TATE EXECUTIVE ORDER 123 ENT ON ANY FEDERAL DEBT?
TLE (Name of Program): Concrease Safety TLE (Name of Program): Concrease Safety TLE (Name of Program): Concrease Safety The Case Safety The Ca	Operativ Belt Us DJECT (Cities, Co	249,916 249,916 249,916	co c	11. DESCRIPTIVE Increasing Among 8 in Fresho, (14. CONGRESSION 2. O 8 16. IS APPLICATION ORDER 12372 PRODUCTION OF PROCES DATE: b. No. IT PROGRESION OR PROCES THIS PROCES DATE: DATE: DATE: DATE: THIS PROGRESION OF PROCES TOR PROCES	TITLE OF APPI TO SAFE TO 15 YEAR TO 15 YEAR TO 15 YEAR TO THE SEAR THE	EXPERIENCE BY STATE EXECUTION WAS MADE TATE EXECUTIVE ORDER 123 ENT ON ANY FEDERAL DEBT?
TLE (Name of Program): Concrease Safety The Safety The Safety The Safety The Safety To The Best of My known comment has been duly a safety Tathorized Representative The Safety Tathorized Representative The Safety The Safe	Operativ Belt Us DJECT (Cities, Co D Ending Date: VLEDGE AND BE UTHORIZED BY HE ASSISTANCE	249,916 249,916 249,916 ELIEF, ALL DATA THE GOVERNING	co c	11. DESCRIPTIVE Increasing Among 8 in Fresho, (14. CONGRESSION 2. O 8 16. IS APPLICATION ORDER 12372 PRODUCTION OF PROCES DATE: b. No. IT PROGRESION OR PROCES THIS PROCES DATE: DATE: DATE: DATE: THIS PROGRESION OF PROCES TOR PROCES	ITILE OF APPI IN SUBJECT TO CESS? REAPPLICATION BLE TO THE S' SS FOR REVIE 7 / 1 / 0 5 AM IS NOT CO OFFICE OF THE STORY WIEW ANT DELINQUE TO THE APPLICATION CATION ARE OTHE APPLICATION OF THE APPLICATIO	EXPERIENCE BY STATE EXECUTION WAS MADE TATE EXECUTIVE ORDER 123 ENT ON ANY FEDERAL DEBT?
TLE (Name of Program): Concrease Safety The Safety The Safety The Safety The Safety To The Best of My Know Cument has been duly a Cached Assurances if The Safety To The Best of My Know Cument has been duly a Cached Assurances if The Safety Mr.	Operativ Belt Us DJECT (Cities, Co D) Ending Date: VLEDGE AND BE UTHORIZED BY HE ASSISTANCE First Name R Chief	249,916 249,916 249,916 ELIEF, ALL DATA THE GOVERNING	co c	11. DESCRIPTIVE Increasin Among 8 in Fresho, (14. CONGRESSION a. Applicant 20 8 16. IS APPLICATIO ORDER 12372 PRO AVAILA PROCE DATE: b. No. IPPOGR FOR RE 17. IS THE APPLICA GATION/PREAPPLICA Middle Suffix	ITILE OF APPI IN SAFE TO THE S	EXPERIENCE ON ANY FEDERAL DEBT?

	•	г	=orm 424	OMB Approval No. 0348-0043
		Form 424 2. Date Submitted		3. Applicant Identifier
Application for		Z. Date out	15-Jun-05	
Federal Assistance 1. Type of Submission Application		3. Date rec	eived State	State Application Identifier
Application	Preaplication			
Constuction	Construction	4. Date rec	eived by Federal	Federal Identifier
x Non-Constuction	Non-Construction	Agency:		
5. Applicant Information				
3. Legal Name:	Peninsula Corrid	or Joint Po	wers Board	
Address (give city, county, stat			Name and telephon	e of contact person (give area code)
1250 San Carlos A			Joel S	Slavit, (650) 508-6476
San Carlos, San M		4070		
	-			
6. Employer Identification Num	ber (EIN):		7. Type of Applicant	t (enter appropriate letter in box) G
9 4 3152903			•	List Cohool Dot
8. Type of Application		-	A. State	H. Independent School Dist.
			B. County	State Controlled Institution
x newcontinuation		Revision	C. Municipal	of higher learning.
If revision, enter appropriate le	tter(s)_		D. Township	J. Private University K. Indian Tribe
in boxes:			E. Interstate	L. Profit Institution
A. Increased Award B. Decrea			F. Intermural	M. Other: MPO
C. Increase Award D. Decrea	se Duration		G. Special District	M, Other IVII S
Other (specify):				
			9. Name of federal Ag	dency.
10. Catalog of federal domesti	2		Feder	ral Transit Administration
assistance number:			11. Descriptive title of	
40 Annual official by project	· · ·		FY 20	005 Capital Improvements -
12. Areas affected by project: San Francisco, San Mateo a	nd Santa Clara Co	nunties	Train	Tracking Information System
San Francisco, San Mateo	na Canta Ciara Ci		4	ħ
13. Proposed Project				
Start Date:	End Date:			
5/31/2006		В		
·				
15. Estimated Funding				
a. Federal	\$500,00	0 14. Congre	ssional Districts of:	
b. Applicant		a. Applica	nt	B. Project
c. State			14, 15 & 16	8, 12, 13, 14, 15 & 16
	50 -> -\$124,50	م		w by state executive 12372 process® 'Yes
f. Program Income	Control of the contro	16. Is app	lication subject to revie	
e. Other		:	preaplication/applicati	ion was made available to the
g, TOTAL	\$624,25		ecutive order 12372 pro	
17. Is the applicant delinquent		Date:	Program is not cove	ored by E. \. 12372
on any federal debt7		b. No	Program is not cove	been selected by state for review
Yes.(attach an exp	planation)	or L	or program nas now	Joon actioned by state for fortion
No. 18. To the best of my knowle	dee and holiof all	dota in this s	antication preenlicat	tion are true and correct.
The document has been duly	uge and belief, all (roverning h	ndy of the applicant a	and the applicant will comply
with the attached assurances	if assistance is aw	arded	ay or the applicant o	er i transitione de la company
a. Typed Name of Authorized Repres		a, ucu,	b. Title	c. Telephone Number:
Michael J. Scanlo			Executive Directo	1
	A		1-72	D 1- 0:
d. Signature of Authorized reg	acide acid	$fr_5 \subseteq \hat{v}$)	e. Date Signed 6 - 16 - 05
	· / -	_/		

Previous versions of 424 form Not usable FTA grans/424 for CA 90-Y045

RECEIVED

JUL 0 5 2005

STATE CLEARING HOUSE

Standard Form 424 Rev 4-881 Transcribed to Excel 6.0 By C, Birner April 1998

PPLICATION FOR				Applicant Iden	Version 7/00
FEDERAL ASSIST	ANCE	June 23, 2005	2. DATE SUBMITTED June 23, 2005		ititier
. TYPE OF SUBMISSION	ON: Pre-application	3. DATE RECEIVED BY STATE		State Applicat	ion Identifier
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identif	fier
Non-Construction APPLICANT INFORM	Non-Construction				
egal Name:	MATION .		Organizational Unit:		
•	rict of Southern California		Department: Water System Operat	tions Group	
Organizational DUNS:	063842975		Division: Water Quality Section	ר	
Address: Street:			Name and telephone involving this applic		rson to be contacted on matters a code)
700 Moreno Avenue			Prefix: Dr.	First Name: Christopher	
City: La Verne			Middle Name James		
County: Los Angeles			Last Name Gabelich		
State: California	Zip Code 91750		Suffix:		
Country: United States of Americ	a		Email: cgabelich@mwdh2o.	.com	
	FICATION NUMBER (EIN):		Phone Number (give a	area code)	Fax Number (give area code)
95-6002	071		909-392-5113		909-392-5166
B. TYPE OF APPLICAT	ION:		7. TYPE OF APPLICA	ANT: (See bac	k of form for Application Types)
Revision, enter approp	New Continuation	on Revision	Α		
See back of form for des	scription of letters.)	П	Other (specify)		
Other (specify)		Ш	9. NAME OF FEDER. Department of the Int	AL AGENCY: terior, Bureau of	Reclamation, Denver, CO
IO CATALOG OF FED	DERAL DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE TI		
		15-506	Optimization of Conv	rentional Treatm	ent with Pre-Ozonation and
TITLE (Name of Program	m): Purification Research and Dev		Polyamide Reverse (anic and Colloidal Fouling of ranes
	BY PROJECT (Cities, Counties				
California; Yuma, Arizor					
13. PROPOSED PROJE			14. CONGRESSION	AL DISTRICTS	
Start Date:	Ending Date: October 1, 2006		a. Applicant California Congressio	onal District 26	b. Project Arizona Congressional District 7
October 1, 2005 I5. ESTIMATED FUND				SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal	\$	78,437 ·	THIS PR	EAPPLICATION	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
o. Applicant	DECENTED.	82,284		SS FOR REVIE	<i>W</i> ON
c. State	I to the second		DATE:		23, 2005
d. Local	\$UL - 1 2005		D. No. 🗱		VERED BY E. O. 12372
e. Other	\$	252,400 ·	FOR RE	VIEW	OT BEEN SELECTED BY STATE
. Program Income	STAT CLEARING HOUS		17. IS THE APPLICA	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	\$	413,121	Yes If "Yes" attack	•	
OCUMENT HAS BEE!	CES IF THE ASSISTANCE IS	E GOVERNING BODY OF	THE APPLICANT AND	THE APPLICA	ANT WILL COMPLY WITH THE
			0.4: -111	. Alexandr	

a. Authorized Representative	
Prefix First Name Ricardo	Middle Name
Last Name De Lean	Suffix
b. Title Hicro by 1 9,4 Unt Harrager	c. Telephone Number (give area code)
d. Signature of Authorized Representative	e. Date Signed 6/63/05

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			© C		Version 7/0	
PPLICATION FOR	E	2. DATE SUBMITTED		Applicant	dentifier	
EDERAL ASSISTANC		3. DATE RECEIVED BY	STATE	State Application Identifier		
plication	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Føderal Id	entifier	
Construction	Construction					
Non-Construction APPLICANT INFORMATIO	N NOU-CONSTRUCTION		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
jal Name:			Organizational Un Department:	<u>L</u>		
rean Churches for Commu	nity Development			11.00.00		
ganizational DUNS:			Division:		of person to be contacted on matter	
idress:			Involving this app	ne number o lication (give	area code)	
reet: 3550 Wilshire Blvd., S	ulte 500		Prefix:	First Nam	ne: Hyapin	
			Middle Name	,		
ty: Los Angeles			Last Name			
Los Angeles	Zip Code		Suffix:		,	
até: California	90010		Email:			
ountry: USA			Phone Number (give	n@yahoo.co	m Fax Number (give area code)	
EMPLOYER IDENTIFICAT	TION NUMBER (EIN):		(213) 805-2416	J., 0000)	(209) 391-4310	
03-041725	4			ICANT: (Se	e back of form for Application Types)	
TYPE OF APPLICATION:		ion Revision			,	
Revision, enter appropriate ee back of form for descript	letter(s) in box(es)	IGH II NOVIDIO	Non-Profit Other (specify)			
BD DSCK OLIGHM IOLGESCHER			9. NAME OF FED	FRAL AGEN	CY:	
ther (specify)					DHHS, ACP, OCS	
O. CATALOG OF FEDERA	L DOMESTIC ASSISTA	NCE NUMBER:			APPLICANT'S PROJECT:	
		93-570	Business Develop	ment Project	POCEVED	
ITLE (Name of Program): Community Economic Devel	noment Discretionary Gra			1	RECEIVED	
2. AREAS AFFECTED BY	PROJECT (Cities, Count	ies, States, etc.):		1	JUL 0 1 2005	
Greater Los Angeles, Los Ar	ngeles, California					
3. PROPOSED PROJECT			14. CONGRESSIO	DNAL DISTR	STAPEPOLICARING HOUSE	
itart Date:	Ending Date: 930/08		a, Applicant			
0/01/05 5, ESTIMATED FUNDING:			ABBED 43373 DE	ACESS2	T TO REVIEW BY STATE EXECUTIVE	
a. Federal	ls -		TUIQ	PREAPPLIC	ATION/APPLICATION WAS MADE	
		700,000	1 AVAII	LABLE TO TH CESS FOR R	HE STATE EXECUTIVE ORDER 1237 EVIEW ON	
a. Applicant	3	·		: July 1, 200		
: State	\$\$ 			•	T COVERED BY E. O. 12372	
d. Local	\$	•	D. NO. 13,33		AS NOT BEEN SELECTED BY STATE	
e. Other	\$	700,000	1 500	ウモバルビバイ	NQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$					
		•	Yes If "Yes" a	ttach an expl	anation. 🕷 No	
g, TOTAL	S	1,400,000	Van 108 11 100 -	BLICATION	ARE TRUE AND CORPECT THE	
18. TO THE BEST OF MY POCUMENT HAS BEEN DI	JLY AUTHORIZED BY I	IEF, ALL DATA IN THIS A	BBLICATION/BBEAL	PPLICATION AND THE AP	ARE TRUE AND CORRECT, THE PLICANT WILL COMPLY WITH THE	
18. TO THE BEST OF MY P DOCUMENT HAS BEEN DI ATTACHED ASSURANCES	IF THE ASSISTANCE	IEF, ALL DATA IN THIS A	APPLICATION/PREAL OF THE APPLICANT		ARE TRUE AND CORRECT. THE	
IB. TO THE BEST OF MY POCUMENT HAS BEEN DU TTACHED ASSURANCES A Authorized Representally	IF THE ASSISTANCE	IEF, ALL DATA IN THIS A	APPLICATION/PREAF OF THE APPLICANT	ddle Name	ARE TRUE AND CORRECT. THE	
18. TO THE BEST OF MY OCCUMENT HAS BEEN DUATTACHED ASSURANCES a. Authorized Representally Prefix Last Name	IF THE ASSISTANCE IS	IEF, ALL DATA IN THIS A	APPLICATION/PREAI OF THE APPLICANT	ddle Name	ARE TRUE AND CORRECT. THE PLICANT WILL COMPLY WITH THE	
18. TO THE BEST OF MY POOCUMENT HAS BEEN DI ATTACHED ASSURANCES a. Authorized Representally Prefix Last Name	ITY AUTHORIZED BY I IF THE ASSISTANCE I E First Name Hyapin	IEF, ALL DATA IN THIS A	APPLICATION/PREAI DE THE APPLICANT	ddle Name uffix Telephone N (213) 805	ARE TRUE AND CORRECT. THE PLICANT WILL COMPLY WITH THE NUMBER (BIVE area code)	
1B. TO THE BEST OF MY ODOCUMENT HAS BEEN DUATTACHED ASSURANCES a. Authorized Representally Prefix Last Name	First Name Hyapin	IEF, ALL DATA IN THIS A	APPLICATION/PREAI DE THE APPLICANT	ddle Name Iffix Telephone N	ARE TRUE AND CORRECT. THE PLICANT WILL COMPLY WITH THE NUMBER (BIVE area code)	

₩ 00T

APPLICATION FOR FEDERAL ASSISTANCE	E	2. DATE SUBMITTED 06/30/2005		Applicant Identifi	Version //u.
1. TYPE OF SUBMISSION:		3. DATE RECEIVED E	SY STATE	State Application	fer
Application Construction	Pre-application Construction	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Identifier	Market State of the State of th
Non-Construction	Non-Construction				
5. APPLICANT INFORMATIO Legal Name:	N		Organizational Unit.		
Community Equity Partners, In	ın		Department:		
Organizational DUNS: 147359249			Division;		
Address:			Name and telephone	e number of perso	be contacted on matters
Street: 22836 Mountian Laurel			involving this applic Prefix:	cation (give area ()) First Name: Samuel	
City: Diamond Bar		and all all 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Middle Name Keith	1.0	
County: Los Angeles County	-		Last Name Hughes		
State: CA	Zip Code 91765		Suffix:		
Country: United States			Email: shughes324@earthli	nk net	
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (give a		Tiber (give area code)
95-475227			909.843.6389	Si	3.6423
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	ANT: (See back of	for Application Types)
₽Z: No		n Revision	O. Non Profit		
lf Revision, enter appropriate le (See back of form for description	tter(s) in box(es) n of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDER	AL AGENCY:	•
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CE NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICAT	PROJECT:
		93-570	Business Developme	ent Loan	
TITLE (Name of Program):					
12. AREAS AFFECTED BY P	ROJECT (Cities, Counties	s, States, etc.):	-		
Los Angeles County					
13. PROPOSED PROJECT			14. CONGRESSION		1
Start Date: October 2005	Ending Date: September 2008		a. Applicant 42nd District	b	i i cit
16. ESTIMATED FUNDING:			16. IS APPLICATION		BY STATE EXECUTIVE
a. Federal	3	650,000		EAPPLICATION/AF	ATION WAS MADE
b. Applicant	3	ра		S FOR REVIEW O	GOTTAL ONDER 12372
c. State		.00	DATE: 0	6/30/2005	
d. Local	3	·	b. No. III PROGRA	M IS NOT COVER	IY E. O. 12372
e. Other	3	650,000	OR PRO	GRAM HAS NOT ELL	SELECTED BY STATE
f. Program Income	3		17. IS THE APPLICA		NY FEDERAL DEBT?
g. TOTAL	•	1,500,000	Yes If "Yes" attach	•	RZ No
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	GOVERNING BODY O	PPLICATION/PREAPPLI F THE APPLICANT AND	CATION ARE TRU	D CORRECT. THE
ATTACHED ASSURANCES IF B. Authorized Representative		WARDED.		-	
Prefix	First Name Samuel	-	Keith	Name	
Last Name Hughes			Suffix		•••
b. Title Director		······································		phone Number (gine	code)
d. Signature of Authorized Rep	Sentative //		e. Date	46.6389 - Signed	e Herman
Previous Edition Usable			06 30	.2005	ard Form 424 (Rev.9-2003
Authorized for Local Reproduct	ion /	REC	JEIVED	P n	bed by OMB Circular A-10
		JUN	3 0 2005		
		STATE CI	LEARING HOUSE		

FAX NO. :9163415147

AB Approval No. 0348-0043				No. 0348-0043		
APPLICATION FOR FEI	DERAL ASSISTANCI	R .	2. Date Submi	itted		Applicant Identifier
1. Type of Submission:			3. Date Rec'd	by State		State Application Identifier
Application Pre	application					
Construction	Construction		4. Date Rec'd	by Federal		Federal Identifier
X_ Nonconstruction	Nonconstruction		*			CE 97902801
5. Applicant Information:			Organizational			
Legal Name and Address:			Los Angeles R	•		
(give city, county, state, and zi						eted on matters
	ources Control Board		involving this		give area code):
1001 I Street, Sa			Guangyu Wan	_		
Sacramento, Cali	formia 95814		213-576-6639			
6. Employer Identification Nu	mber (EIN): 680281	986	7. Type of Ap	plicant: (ente		
			Λ. State		,	ent School District
6. DUNS Number: 80832	21913		B. County			ute of Higher Learning
8. Type of Application:	C. visionette o		C. Municipal		J. Private Un K. Indian Tri	-
New _X_ Revision If Revision, enter appropriate 1	Continuation		D. Township E. Interstate		L. Individual	
	B. Decrease Award		F. Intermunici	inal	M. Profit Org	
C. Increase Duration			G. Special Dia	-	N. Other (spe	
Other (specify)			G, Special Dia		THE CHIEF (E)	
			Name of Fe			
 Catalog of Federal Domes 66.456 	tic Assistance Number		(U. S. Enviro	nmental Protec	tion Agency
Title: National Estuary	Program		11. Descriptive Title of Applicant's Project:			
,	Č.		Scope of the overall workplan continues to be devoted to management			
						trol, habitat restoration and
12. Area Affected by Project:			other bond-rela	ated projects	development	of long-term restoration and
(cities, counties, states, etc.)			1^			tersheds; updates and refine-
Santa Monica Ba	y, San Francisco, CA					and tracking; outreach
13. Proposed Project:						f new joint powers authority.
Start Date	End Date		14. Congressi	onal District		
10/1/2005	9/30/2006		Applicant:		Project: California - A	11
15. ESTIMATED FUNDING:			16. Is the app	lication subje		
13. BOTHING BOTONDINGS.	·		Executive Ord			y the onic
a. Federal	\$352,251					application was made
b. Applicant	\$0		1 "	··· an openin		2372 process for
c. State	\$376,824		i .	review on:		•
d. Local	\$0				Date: June 3	0, 2005
e. Other	\$0		b. NO:			red by EO # 12372
f. Program Income	\$0					en selected by the
					far review.	
g. TOTAL	\$729,075		17. Is the app	-	*	
			YES, attach explanationXNO			
18. TO THE BEST OF MY K						
TRUE AND CORRECT, THE						
APPLICANT, AND THE APP IS AWARDED.	LICANT WILL COMPL	Y WITH TH	E ATTACHED	ASSURAN	CES IF THE A	ASSISTANCE
a. Typed Name of Authorized	Representative		b. Title:			c. Telephone Number
Coleste Cantú	• .			Executive D	irector	(916) 341-5615
d. Signature of Authorized Re	presentative process	newson a company way on the separate to	MTCCCSCTCTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT			c. Date Signed:
Signature of Frantionized Re	sterier .		I / Emilian			a. monta originan.
	NO.	E Barre May 1 Trees	IVCL	The second secon		

Previous Editions Not Usable

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APPLICATION FOR FEDERAL ASSISTANCE	E .	2. DATE SUBMITTE	ED .	Applicant lo	dentifier Version 7/03
1. TYPE OF SUBMISSION:	T	JULY 1, 2005 3. DATE RECEIVED	BY STATE	State Applic	cation Identifier
Application	Pre-application	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Construction	Oonstruction Non-Construction				
Non-Construction 6. APPLICANT INFORMATION			1 4 - 1 1 - 1		
Legal Name:			Organizational Unit	<u>:</u>	
1010 DEVELOPMENT CORPO	DRATION		N/Á Division:		
Organizational DUNS: 153420620			N/A		
Address:			Name and telephon involving this appli	e number of cation (give :	person to be contacted on matters
Street: 1001 SOUTH HOPE STREET,	FIRST FLOOR		Prefix: MS.	First Name KELLE	
City: LOS ANGELES			Middle Name M.		
County: LOS ANGELES	1		Last Name ROSE		
State: CA	Zip Code 90015-1407		Suffix:		
CA Country:	90015-1407		Email:	000	
USA -	ON MUNICIPIED (CINI)		Phone Number (give		Fax Number (give area code)
6. EMPLOYER IDENTIFICATI			213-749-0214 x27		213-749-3098
95-434549	5)		1	CANT: (See I	back of form for Application Types)
8. TYPE OF APPLICATION:	ew 🔲 Continuati	on 🗔 Revision	7.11.20.75.5	•	
If Revision, enter appropriate le	etter(s) in box(es)	011 (2) 1(01)0.011	Other (specify)		
(See back of form for description	on of letters.)		Non-profit		
Other (specify)			9. NAME OF FEDER DHHS, ACF, OCS	RAL AGENC	Y :
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:		TITLE OF AP	PLICANT'S PROJECT:
ib. Oxineod or Tebelous		93-570	Business developm	ent project fo	r job creation through retail center with
TITLE (Name of Program):			grocery store as and	chor and five	other small retail stores
TITLE (Name of Program): Community Economic Develo	pment Discretionary Gra	nt States etc.):			
12. AREAS AFFECTED BY P			μ _Δ		
CITY OF LOS ANGELES, LO	S ANGELES COUNTY,	STATE OF CALIFORN	14. CONGRESSION	NAL DISTRIC	TS OF:
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	<u></u>	b. Project CA-34
10/1/05	9/30/08		CA-34	N SUBJECT	TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ODDED 12272 DDO	CESS2	
a. Federal	\$	700,000	a. Yes. 12 THIS P	REAPPLICAT ABLE TO THE	TION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372
b. Applicant	\$.00	PROCE	ESS FOR RE	VIEW ON
c. State	\$	· bu	DATE:	6-30-	05
		- 00			COVERED BY E. O. 12372
d. Local	U		لنـ D. No. النـ		NOT BEEN SELECTED BY STATE
e. Other	⁵	000,000	FOR RI	FVIFW	
f. Program Income	\$,00	17. IS THE APPLIC	ANT DELING	QUENT ON ANY FEDERAL DEBT?
g. TOTAL	5 1-	100,000 "	☐ Yes If "Yes" atta	ach an explan	ation. 🛮 🗷 No
18. TO THE BEST OF MY KI	NOW EDGE AND BELL	FE ALL DATA IN THE	S APPLICATION/PREAPP	LICATION A	RE TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES	Y AUTHORIZED BY TH	IE GOVERNING BOD	Y OF THE APPLICANT AN	ID THE APPL	LICANT WILL COMPLY WITH THE
a. Authorized Representative		ATTANDED.	6	//- N/	
Brefix	First Name DARELL			dle Name	
Last Name WEIST			Suffi	ix	_
b. Title					nber (give area code)
PRESIDENT/CEO /	nresentative -	1		-749-0214 x1 ate Signed	
d. Signature of Authorized/Re	1000	eest _	CALENDAR MEDICAL MEDICAL PROPERTY OF THE PROPE		6-27-03 Standard Form 424 (Rev.9-200
Previous Edition Usable Authorized for Local Reproduc	ction		PECEW!		Prescribed by OMB Circular A-10
			A R Brown North Research H 15 Re	men hour	
			JUN 3 0 20	05 l	
				- 1	

STATE CLEARING HOUSE

APPLICATION FOR			1			Version 9/03
FEDERAL ASSISTAN	ICE		2 DATE SUBMIT	TED	Applican	t Idenlifier
	1		6/30/2005		Щ	
1. TYPE OF SUBMISSION:			3 DATE RECEIVE	ED BY STATE	State Ap	plication Identifier
Application	Presppi		08/30/2005	, , , , , , , , , , , , , , , , , , ,		
Construction Non-Construction		struction -Construction	4 DATE RECEIVE	ingon inagona ka di	Y Federal I	dentiter
	A MOII	-Constitution	1			
5. APPLICANT INFORMATION	5. APPLICANT INFORMATION			Organizational Unit		
Legal Name: Sonoma Coun	ty		Ĺ	Department: Reg	onal Parks	
* Organizational DUNS:	957501	554		Division: Plan	ning	
Address:				Name and telephone in this application (give a		on to be contacted on matters involving
* Street1: 2300 County Center	Drive Ste	120A	1	Prefix:	* First Name:	Elizabeth
Street2:			i T	Middle Name: A.	rijat Natilia.	Cheaven
* City: Santa Rosa		County Sonoma		* Last Name: Tyree	, , , , , , , , , , , , , , , , , , ,	
State: CA Zip C	ode: 954	103-3029 * Coun	try USA	Suffix:	* Email: ety	rea@aonoma-county.org
6. * EMPLOYER IDENTIFICATIO	N NUMB	ER (EIN):		" Phone Number (give		Fax Number (give area code)
94-6000539		, 2		707-565-2041	duuc)	707-579-8247
8. TYPE OF APPLICATION:	***************************************			7. * TYPE OF APPLIC	ANT: Co	ounty Government
New Continuet	on [Revision		Other (epocify)		
If Revision, enter appropriate letter	e) in box(e	9a)		.,		
A. Increase Award B. Decrease Awar	d C. In	crease Duration		9. * NAME OF FEDER	AL AGENCY:	
D, Decrease Duration Other (appealty):				National Oceanic and	Atmospheric A	dministration
10. CATALOG OF FEDERAL DO	MESTIC A	SISTANCE	11.419	11. DESCRIPTIVE T	TLE OF APPL	JCANT'S PROJECT:
TITLE: Coasial Zone Management	Administra	ation Awards		Tolay Lake Ranch Acquisition		
12. * AREAS AFFECTED BY PR	LIFCT	(Cition, Counties, States, etc.		1	•	
Sonoma County		(CELOX, COORMAN, CELOX, CIL.)				
				<u> </u>		
19. * PROPOSED PROJECT:			ý	14. CONGRESSION	AL DISTRICTS	OF;
* Start Date		* Ending Date		* a. Applicant		* b. Project
09/01/2005	,	08/30/2006		6		6
15. * ESTIMATED FUNDING:			d 0			REVIEW BY STATE EXECUTIVE
* a. Federal	\$	488,246.0	0	ORDER 12372 PROCE		CATION WAS MADE AVAILABLE TO
* b. Applicant	\$ [55,212.0	0			PROCESS FOR REVIEW ON:
* c. State .	\$	2,977,078.0	o	YES DA	ATE 08/30	7/2005
d. Local	s	0.0	0	b. PROGRAM	S NOT COVER	ED BY E.O. 12372
• e, Other	\$	202,980.0	o	OR PROGR	AM HAS NOT B	EEN SELECTED BY STATE FOR REVIEW
* f. Program Income	8	0.0	0	17. IS THE APPLICAN	T DELINQUEN	IT ON ANY FEDERAL DEBT?
g. TOTAL	s [3,723,516.0	e	Yes If "Yes,"	attach an expla	nation. · · · · · · · · · · · · · · · · · · ·
18. " TO THE BEST OF MY KNOWLEDGE	AND BELIEF	F, ALL DATA IN THIÉ APF	LICATION/PREAPPLIC	ATION ARE TRUE AND CORRI	CT. THE DOCUM	ENT HAS BEEN DULY AUTHORIZED BY THE
GOVERNING BODY OF THE APPLICANT,			_\	ASSURANCES IF THE ASSIST	PANCE IS AWARD	ED.
a. Authorized Prefix:	Burns	* First Name: Man	1	Middl	e Name E.	C. M.
* Last Name: * b. Title: Director Regional Park			Total	nhana Number (-i		Suffix:
		<u> </u>		phone Number (give area	' -	85-2041
* Email: mbume@sonoms-count			÷	nber (give area code):		79-8247
d. Signature of Authorized Represe	nlelive:	Completer	on submission to	Grants.gov e. Date	e Signed: Cor	npleted on submission to Grants.gov
Previous Edition Useble Authorized for Local Reproduction		HE	JEIVEL			Standard Form 424 (Rev. x-xx)
		1116	3 0 2005	Security (Security Security Se		Prescribed by OMB Circular A-102
		JUI	1 o COO?			
		CTATE C	LEARING HO	USE		
		STATE	LAIMAIN			

Version 7/03 **APPLICATION FOR** Applicant Identifier R-9 #05-401 2. DATE SUBMITTED FEDERAL ASSISTANCE 08/30/2005 State Application Identifier 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: Application Pre-application 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Construction ☐ Construction Mon-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Department: DEPARTMENT OF PUBLIC WORKS CITY OF MISSION VIEJO Organizational DUNS: 78-667-0141 Division: ENGINEERING Name and telephone number of person to be contacted on matters Address: involving this application (give area sode) Street 200 CIVIC CENTER Prefix: First Name: Middle Name JOHN City: MISSION VIEJO Last Name County: ORANGE Zip Code Suffix: State: CALIFORNIA Email: JAMES@CITYOFMISSIONVIEJO.ORG Country: UNITED STATES Fax Number (give area code) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Phone Number (give area cods) (949) 470-8419 (949) 581-5394 33-0283448 7. TYPE OF APPLICANT: (See back of form for Application Types) 8. TYPE OF APPLICATION: Continuation Revision Z New MUNICIPAL If Revision, enter appropriate letter(s) in box(es) Other (specify) (See back of form for description of letters.) 9. NAME OF FEDERAL AGENCY: ENVIRONMENTAL PROTECTION AGENCY (EPA) Other (specify) 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: OSO CREEK BARRIER PROJECT - WATER RECYCLING PROJECT 86-606 ON OSO CREEK. TITLE (Name of Program): CONSOLIDATED APPROPRIATIONS ACT OF 2005 12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.): CITY 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT a. Applicant b. Project Start Date: Ending Date: 42ND 12-16-2006 09-12-2005 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? THIS PREAPPLICATION/APPLICATION WAS MADE s. Federal AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 192,400 PROCESS FOR REVIEW ON b. Applicant DATE: 06/29/2006 c. State PROGRAM IS NOT COVERED BY E. O. 12372 d. Local Santa Margarita W.D b. No. 🔯 157,418 OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income g. TOTAL Ø No Yes if "Yes" attach an explanation. 349,818 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE <u>ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED</u> a. Authorized Representative Profix Middle Name EENNEMO Suffix Last Name WILBERG c. Telephone Number (give area code) (949) 470-3051 CITY MANAGER d. Signature of Authorized Representative e. Date Sloned Standard Form 424 (Rev.9-2003) Previous Edition Usable Prescribed by OMB Circular A-102 Authorized for Local Reproduction JUN 2 9 2005

STATE CLEARING HOUSE

3

Previous Edition Usable
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APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMIT 6/27/05	TED	Applicant Ident	lifier
1. TYPE OF SUBMISSION:		3. DATE RECEIV	ED BY STATE	State Applicati	on Identifier
Application	Pro-application	A DATE DECEN	ED BY FEDERAL AGEN	CY Federal Identifi	
Construction	Construction	4. DATE RECEIV	ED BI FEDERAL AGEN	J ederal identili	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction,	l,,			
Legal Name:	<u> </u>		Organizational (Init:	
•			Department:	•	
Organizatlonal DUNS: 171087653	Bearing Bearing to the State of		Division:		
171087653 Address:	I for the second of the second	4 ED-+-	Name and telen	hone number of per	rson to be contacted on matters
Stroet:		1913) GAN TECHNOLOGY	involving this a	oplication (give are:	a code)
5121 Van Nuys Blvd., 3rd Floor	JUN 29	2005	Profix: Mr.	First Name: Roberto	
Cíty; Van Nuys			Middle Name	. a.	Park of the language of the state of the sta
County:	STATE CLEANIN	G-HOUSE	I.ast Name		
Los Angeles	THE RESIDENCE OF THE PARTY OF T		Barragan		
State; CA	Zip Code 91403		Sulfix:		
Country: USA			Email: roberto@vedc.or	ro	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (<u> </u>	Fax Number (give pros code)
95-31131914119	·		818-907-9977		818-907-9720
B. TYPE OF APPLICATION:	.1		7. TYPE OF APP	PLICANT: (See back	k of form for Application Types)
V. Nev	w Continuation	n 📭 Revision	n		
If Revision, enter appropriate lett (See back of form for description	ler(s) in box(es)		Other (specify)		
1264 pack of folly for describing		(Non-Profit, Econ	omic Development C	Corporation
Olher (specily)		9. NAME OF FE	DERAL AGENCY: calth & Human Serv	ices	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	E NUMBER:	1 1	E TITLE OF APPLI	
III. DAIREOU DI TESEIME			Pacoima Busine	ss/Revitalization Incl	ubator Program
TITLE (Name of Program):		93-57			
TITLE (Name of Program): Community Services Block Gra					
12. AREAS AFFECTED BY PR	•	s, Siaies, eic.):			
Northeast San Fernando Valley	/, CX		44 CONCRECE	IONAL DISTRICTS	OE.
13. PROPOSED PROJECT Start Date:	Ending Date:		a, Applicant	HUNAL DISTRICTS	b. Project
October 2005	March 2008		26		26, 27, 28, 30, 31
15. ESTIMATED FUNDING:			16. IS APPLICA ORDER 12372 P		REVIEW BY STATE EXECUTIVE
a. Foderal \$	The second secon	700,000	_ U_ THIS	S PREAPPLICATION	NAPPLICATION WAS MADE
b. Applicant \$			AVA	CESS FOR REVIEW	ATE EXECUTIVE ORDER 12372 N ON
	and a start of the	864,887		E: 6/29/05	
c. State \$	Water Pallery Programme	•			
d. Local \$			b. No. [7] PRO	OGRAM IS NOT CO	/ERED BY E. O. 12372
c. Other \$		2,775,000 ^{'08}			T BEEN SELECTED BY STATE
(. Program Income \$		2,773,000	P(1)	REVIEW LICANT DELINQUE	NT ON ANY FEDERAL DEBT?
The state of the s					
g. TOTAL.		4,339,667		attach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	' AUTHORIZED BY THE	GOVERNING BO	HIS APPLICATION/PREADY OF THE APPLICANT	AND THE APPLICATION ARE	TRUE AND CORRECT, THE ANT WILL COMPLY WITH THE
a. Authorized Representative	MANAGE PARTIES	WANDED.			
Profix Mr.	First Name Roberto		N	Middle Name	
Last Name	W W /III W / III W / I		5	iuffix	
Barragan b. Tille	akidi wayi			. Telephone Number	(give area code)
President	and the same			318-907-9977 . Date Signed	- M
d. Signature of Authorized Repr	escritative			i. Date Signed 6/27/05	have now a now had been been a fact that the fact the state of the sta
Previous Edition Usable	/ / /				Standard Form 424 (Rev.9-2003

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FEDERAL ASSISTANC	E		2. DATE SUBMITTED	7/1/05	Applicant Ide	Versio
1. TYPE OF SUBMISSION: Application	Pre-appl	ication	3. DATE RECEIVED B		State Applica	tion Identifier
Construction	Cone	truction	4. DATE RECEIVED B	Y FEDERAL AGE	NCY Federal Ident	ifier
Non-Construction	П №л-С	onstruction				
5. APPLICANT INFORMATIO Legal Name:	N			Organizational	Linie	WAA.
- Southeast Communities Preve	ntion & Into	vention Progr	ame loc	Department;	Offit.	Total Control of the
Organizational DUNS:		TOTAL TOTAL	CONTROL CONTRO	Division:		
0068. Address:	23475	DEC				
Street:		The state of the s	/LIVLL/	Name and tele	phone number of po application (give ar	mon to be contacted on mat
4401 Crenshaw Blvd., Suite 31:	5	HIM	2 8 2005	Prefix:	First Namo:	
City: Los Angeles		JUI <u>N</u> .	2 0 2003	Middle Name		Eddle
County:		CTATE CI	EARING HOUSE	Last Name	Mae	
Los Angeles State:	171- O-2	SIAIEUL	LAHING HOUGE	V	Villlams	
California	Zip Code	90043		Suffix:		
Country: U.S.A.		-		Email:	r	WW. W
B. EMPLOYER IDENTIFICATION	ON NUMBE	R (EIN).		Phone Number (liamsed12wil@yaho	Fax Number (give area code)
96-4384686	3			323) 290-3593	agreed with accounty	323) 290-3594
TYPE OF APPLICATION:				1	PUCANT: (See har	c of form for Application Types)
₽ Ne	w [Ti	Continuation	Revision	Nonprofit	(Correction Application Types
Revision, enter appropriate let See back of form for description	ter(s) in box 1 of letters.)	(es)		Other (specify)		
				Office (specify)		
Other (specify)				9. NAME OF FE	DERAL AGENCY: e of Community Serv	ione
O. CATALOG OF FEDERAL	DOMESTIC	ASSISTANCE	E NUMBER:		E TITLE OF APPLI	
OHHS, ACF, Office of Communit 2. AREAS AFFECTED BY PR South Los Angeles	OJECT (Cit	les, Counties,	Stales, etc.);			
3. PROPOSED PROJECT	Cadles				IONAL DISTRICTS	OF;
	Ending D)ale.				
10/01/05		9/30/08		a. Applicant	33	b. Project
			V and a second s	16. IS APPLICA	33 TION SUBJECT TO	93
6. ESTIMATED FUNDING:			, w	16. IS APPLICA ORDER 12372 P	TION SUBJECT TO ROCESS?	93 REVIEW BY STATE EXECUTI
5. ESTIMATED FUNDING: Sederal \$			450,000	16. IS APPLICA ORDER 12372 P a. Yes. AVA	TION SUBJECT TO ROCESS? PREAPPLICATION ILABLE TO THE STA	33 REVIEW BY STATE EXECUTI APPLICATION WAS MADE THE EXECUTIVE ORDER 1237
5. ESTIMATED FUNDING: Federal Applicant \$			450,000 W	16. IS APPLICA ORDER 12372 P a. Yes. AVA	TION SUBJECT TO ROCESS? PREAPPLICATION	33 REVIEW BY STATE EXECUTI VAPPLICATION WAS MADE TO EXECUTIVE ORDER 1237
5. ESTIMATED FUNDING: Federal Applicant \$			100	16. IS APPLICA ORDER 12372 P a. Yes. AVA	TION SUBJECT TO ROCESS? PREAPPLICATION ILABLE TO THE STA CESS FOR REVIEW	33 REVIEW BY STATE EXECUTI VAPPLICATION WAS MADE THE EXECUTIVE ORDER 1237
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5. ESTIMATED FUNDING: Federal \$ Applicant \$ State \$ Local \$			40,000	18. IS APPLICA ORDER 12372 P a. Yes. AVA PRO DATI	TION SUBJECT TO ROCESS? PREAPPLICATION ILABLE TO THE STA CESS FOR REVIEW E: GRAM IS NOT COV	33 REVIEW BY STATE EXECUTIVE ORDER 1237 YAPPLICATION WAS MADE YOU OR THE EXECUTIVE ORDER 1237 YOU ON ERED BY E. O. 12372
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5. ESTIMATED FUNDING: Federal \$ Applicant \$ State \$ Cother \$ Program Income \$ TOTAL \$ B. TO THE BEST OF MY KNO OCUMENT HAS BEEN DULY TACHED ASSURANCES IF Authorized Representative refix Ms. But Name Williams Title	First Name	9/30/08 ND BELIEF, A ED BY THE G ANCE IS AW Eddio	410,000 410,000 900,000 ALL DATA IN THIS APP OVERNING BODY OF TARDED.	16. IS APPLICATION PRODUCTION PRO	TION SUBJECT TO ROCESS? E PREAPPLICATION ILABLE TO THE STA CESS FOR REVIEW E: GRAM IS NOT COV PROGRAM HAS NOT REVIEW LICANT DELINQUER ITACH AN EXPLICATION ARE TO AND THE APPLICATION ITACH AND THE APPL	33 REVIEW BY STATE EXECUTIVE ORDER 1237 VAPPLICATION WAS MADE ITE EXECUTIVE ORDER 1237 VON ERED BY E. O. 12372 BEEN SELECTED BY STATE IT ON ANY FEDERAL DEBT? INO RUE AND CORRECT. THE IT WILL COMPLY WITH THE
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APPLICATION FOR					Version	on 7/0
FEDERAL ASSISTANCE	E	2. DATE SUBMITTED 06/28/2005		Applicant Ide	ntifier ONTEBELLO	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	BY STATE	State Applica		
☐ Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Ident	ifier	
Non-Construction	Non-Construction	05/12/2005	•	CA-90-Y37	′8 →	
5. APPLICANT INFORMATION Legal Name:			0			·-
CITY OF MONTEBELLO			Organizational Unit: Department:			
Organizational DUNS:	DEO	Property of the Control of the Contr	TRANSPORTATION	٧		
0666 77386	HEU	EIVED	Division: ADMINISTRATION			
Address: Street:	1111		Name and telephone involving this applic	number of pe	erson to be contacted on ma	tters
400 S. TAYLOR AVENU	JE JUN)	2 9 2005	Prefix:	First Name:	sa code)	
City: MONTEBELLO	STATE CLE	ARING HOUSE	MS. Middle Name E.	PAULA		
County:		MING HOUSE	Last Name		."	·.
LOS ANGELES State:	Zip Code		FAUST Suffix:			
CALIFORNIA	90640					
Country: USA			Email: PFAUST@CITYOF	MONTEBELLO	D.COM	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN).	* .	Phone Number (give a		Fax Number (give area code)	
95-6000746		•	(323) 887-4658		(323) 887-4643	•
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	NT: (See bac	k of form for Application Types	3)
Revision, enter appropriate lett	V Continuation	n 🔲 Revision	MUNICIPAL		•	٠
See back of form for description	of letters.)		Other (specify)			٠.
Other (specify)			9. NAME OF FEDERA FTA/FHWA LOS AN	AL AGENCY:	OPOLITAN OFFICE, REGION	J IX
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI			
TITLE (Name of Program):	OJECT (Cities, Counties	2 0 – 5 0 7 , States, etc.):	BUS PURCHASE, TIRE LEASE	ASSOCIATED	CAPITAL MAINTENANCE,	
CITY OF MONTEBELLO AN				•	1 10	•
13. PROPOSED PROJECT			14. CONGRESSIONA	L DISTRICTS	OF:	·.
Start Date: 07/01/2005	Ending Date: 12/30/2005		a. Applicant 38		b. Project 26, 29, 31, 32, 34, 39, AND	40
15. ESTIMATED FUNDING:				SUBJECT TO	REVIEW BY STATE EXECUT	IVE
a. Federal \$. 00	ORDER 12372 PROCE	ES\$?	VAPPLICATION WAS MADE	
b. Applicant \$		2,179,163	a. Yes. AVAILABL	E TO THE ST	ATE EXECUTIVE ORDER 123	372
2. Application	CEIVED	,	PROCESS	S FOR REVIEV	VON .	
c. State	UEIVED	· Ou	DATE: 06	/28/2005	•	
d. Local \$		163,886	b. No. 🗖 PROGRAM	A IS NOT COV	ERED BY E. O. 12372	`
e. Other \$		90	OR PROG	RAM HAS NO	T BEEN SELECTED BY STAT	Ë
. Program Income	PICADIMOUNICE	. Ou	17. IS THE APPLICAN		NT ON ANY FEDERAL DEBT	7
g. TOTAL \$	LEMNINGHOUSE	2,743,049	Yes If "Yes" attach			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY A TTACHED ASSURANCES IF T		ALL DATA IN THIS AF	DDI ICATIONIDE ADDI 10	ATION		
a. Authorized Representative Prefix MS.	First Name		The table			
MS. Last Name	BRITTANY		Middle	Name T.		•
ZHUANG			Suffix		•.	
. Title MANAGEMENT ANALYS	T/GRANTS	_	c. Telep	hone Number (give area code)	
Signature of Authorized Repres	senjative.	L. 11.	(323 e. Date) 887-4659	•	
revious Edition Usable		UNIGETHUU	06/2	8/2005	·	
uthorized for Local Reproduction	\sim				Standard Form 424 (Rev.9-2 Prescribed by OMB Circular A	2003)

OMB Approval No. 0348-0043 **APPLICATION FOR** Applicant Identifier 2 DATE SUBMITTED **FEDERAL ASSISTANCE** 01 - 2May 27, 2005 State Application Identifier 04-016-680151208 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: Prespplication Application 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifior ☑ Construction Construction Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: a California Limited Partnership Corcoran Investment Group Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): nls application (give area code) 08 Tina Williams (530) 823-2477 1010 Racquet Club Drive, Suite JUN 2 7 2005 Auburn, CA 95603 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6, EMPLOYER IDENTIFICATION NUMBER (EIN) STATE CLEARING HOUSE 6 8 - 0 1 5 1 2 0 8 H. Indopendent School Dist. A. State I, State Controlled Institution of Higher Learning B. County B. TYPE OF APPLICATION: J. Private University C. Municipal Ravision 7 Continuation ☐ New D. Township K. Indian Tribe L. Individual E. Interstate If Revision, enter appropriate letter(s) in box(es) M. Profit Organization F. Intermunicipal G. Special District N. Other (Specify) __ C. Increase Duration B. Decrease Award A. Increase Award D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: USDA-Rural Development 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10, CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 4 1 5 Rehabilitation ۵ Corcoran Garden Apartments TITLE: 1307 Bainum Avenue 12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.): Corcoran, CA 93212 Corcoran, Kings County, California 14, CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT b. Project Start Date Ending Date a. Applicant 4 2/1/05 8/1/05 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? a. Federal 5 302,375 a, YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 5 b. Applicant 9,352 PROCESS FOR REVIEW ON: \$ c. State 05/27/05 DATE \$ d. Local b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE ۵۵ \$ e, Other FOR REVIEW aa f, Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes," attach an explanation. g. TOTAL Z No 311,727 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number a. Type Name of Authorized Representative (530) 823-2477 General Partner Ronald D. Bettencourt e. Date Signed, d. Signature of Authorized Representative

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APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	5/1/05	Applicant Ider	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
☐ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fler
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational Uni	t:	
RURAL MEDI	ABAB KED	WEATION POLE	Denartment		
Omani-Min-al DUNIO	B 248 900		Division.		
Address:	B 470 700	<u> </u>	Name and telephor	ne number of pe	erson to be contacted on matters
Street: 4994 610 8	St Pa	B0x 878	Involving this appl	ication (give are	ea code)
•		EIVED I	MK.	Pilki Waine	NTHNY
Other.	MEU	Luces V heaves large	Middle Nome		
County:	1 3011	2 7 2005		ANOVIC	
State.	7in Code	ADING HOUSE -	Suffix:		
Countre	STATE CLE	ARING HOUSE -	Phone Number (give	2 sti.	net
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		ł.		Fax Number (give area code)
	31 1736	<i>-95</i> 0	209 742		
8. TYPE OF APPLICATION:	(F-/			·	k of form for Application Types)
│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │		n 🗍 Revision	NONPR	OFIT	
(See back of form for description			Other (specify)		
Other (specify)		Ų.	USDA	2 URAL	DEVELOPMENT CANT'S PROJECT:
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:			
		min	APPUO	ATION F	PROCESS FOR
TITI F (Name of Program)		10.766	COMMUN	11TH FA	CILITES LOAN
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties	, States, etc.):	(PRE-1	APP PROC	ies approved)
13. PROPOSED PROJECT			14. CONGRESSION	IAL DISTRICTS	OF:
Start Date: MAY 2005	Ending Date:	MBER 2005	a Annlicant	炒	1979
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PRO		REVIEW BY STATE EXECUTIVE
a. Federal \$	170	5000 ·	THIS PI	REAPPLICATION	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant \$		·**		SS FOR REVIE	
c State \$			DATE:		
d. Local \$	-	.00	b. No. I PROGR	IAM IS NOT CO	/ERED BY E. O. 12372
e Other \$	17	5.000	OR PRO	OGRAM HAS NO	OT BEEN SELECTED BY STATE
f Dronram Income \$		· no	17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$	36	U,∞∞	Yes If "Yes" atta	ch an explanation	n. 🔲 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	WLEDGE AND BELIEF AUTHORIZED BY THE	, ALL DATA IN THIS AP GOVERNING BODY OF	PLICATION/PREAPP THE APPLICANT AN	D THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative	Firat Nama		Midd	le Name	
MIZ	ANTH	10NY		<u> </u>	
Last Name RADANO	VICH		Suffi		
Title EXEL.	MECTOR		c. Te	lephone Number	(give area code)
d. Signature of Authorized Repre			e. Da	ate Signed	101/2005

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITT	0 3/06/05	Applicant Ide	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATÉ RECEIVE	D BY STATE	State Applica	ation Identifier
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVE	D BY FEDERAL AGENC	Y Federal Ident	tifier
5. APPLICANT INFORMATION	Mon-construction				
Legal Name;	.		Organizational U	nit:	
Rural Media Arts and Education	Project				
Organizational DUNS: 118248900			Division.		
Address:	4		Invoiving this ap		erson to be contacted on matters eacode)
4994 6th Street	70 BUX 878	A CONTROL OF THE PERSON OF THE	Prefix [.] Mr	First Name: Anthony	
Mariposa Mariposa	REC	Em VED	Middle Name L.	, ,	
County: Mariposa	JUN	2 7 2005	l ast Nama Radanovich		
Stata: CA	35338 °		Suffix:		
Country	STATE CLE	ARING HOUSE	Email: tony@sti.net		The second secon
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (gi	e area code)	Fax Number (give area code)
3 1 - 1 7 3 6 9 5 0]		209-742-6666		
8. TYPE OF APPLICATION:	<u>'</u>	A	7. TYPE OF APPL	ICANT: (See bad	ck of form for Application Types)
Nev		n 🗏 Revision	O. Nonprofit		
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)	1	Other (specify)		
Other (specify)		.	USDA Rural Devel	PAI AGENCY.	A STATE OF THE STA
10. CATALOG OF FEDERAL	OMESTIC ASSISTANC	E NUMBER:			ICANT'S PROJECT:
		10-766	Technology grant r	natching funds to fronia) grant.	CTFC (Community Technology
TITI F (Name of Program):					
12. AREAS AFFECTED BY PROMariposa, Mariposa County, Mac		s, States, etc.):			
		·	44.00110750016	NAL DIOTRIATO	05
13. PROPOSED PROJECT Start Date:	Ending Date:		a Annlicant	NAL DISTRICTS	Th Project
January 2005	December 2005		19th	<u></u>	19th
15. ESTIMATED FUNDING:		00	ORDER 12372 PR	DCESS?	REVIEW BY STATE EXECUTIVE
a. Federal \$	RURAL DEV	25000			N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant \$			PROC	ESS FOR REVIE	WON
c State \$. 000	DATE		
d. Local \$, DV	b. No. PROG	RAM IS NOT CO	VERED BY E. O. 12372
e Other \$	CTFC	55000			OT BEEN SELECTED BY STATE
f Dranram Inama \$	<u> </u>	. 00	17. IS THE APPLI	REVIEW CANT DELINQUE	NT ON ANY FEDERAL DEBT?
g, TOTAL \$		80000	☐ Yes If "Yes" att	ach an explanatio	n. 🔲 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY	APPLICATION/PREAPI OF THE APPLICANT A	PLICATION ARE ND THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative	First Name		Mid	dle Name	
Mr Last Name	Anthony		L. Suf		
Radanovich Title				elephone Number	(give area code)
Executive Director d. Signature of Authorized Repre	sentative			-742-6666 late Signed	
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Previous Edition Usable
Authorized for Local Reproduction

Bell

City Mayor

d. Signature of Authorized Representative

Ne

Last Name

b. Title

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

(661) 769-8279

Suffix

e. Date Signed

c. Telephone Number (give area code)

PAGE

92

7607681552

APPLICATION FOR Version 7/03 FEDERAL ASSISTANCE 2. DATE SUBMITTED Applicant Identifier June 30, 2005 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Pre-application 4. DATE RECEIVED BY FEDERAL AGENCY Construction Federal Identifier ☐ Construction Non-Construction

5. APPLICANT INFORMATION Non-Construction Legal Name: Organizational Unit Department: Micro Business Service Center Neighborhood House of Calexi∞, Inc. Organizational DUNS: 088551338 RECEIVED Division: Not applicable Address Name and telephone number of person to be contacted on matters Street: involving this application (give area code) JUN 2 7 2005 506 E Fourth Street Prefix: First Name: Laura City: Calexico STATE CLEARING HOUSE Middle Name E. County Last Name Marinez Imperial State: Zip Code Suffix Country: United States of America Email leuramartinez@clxnh.org 6. EMPLOYER IDENTIFICATION NUMBER (EIN); Fax Number (give area code) Phone Number (give area code) 9 5 - 1 7 8 2 3 2 4 760-357-6875 760-768-9555 8. TYPE OF APPLICATION: 7. TYPE OF APPLICANT: (See back of form for Application Types) V New Continuation Revision O.- Not for Profit Organization If Revision, enter appropriate letter(a) in box(es) (See back of form for description of letters.) Other (specify) Other (specify) 9. NAME OF FEDERAL AGENCY: Department of Health and Human Services 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Micro Business Service Center 9 3 - 5 7 0 TITLE (Name of Program): Community Service Block Grant Priority Area 1- Operational Project 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Imperial County 13, PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF Start Date: Ending Date: September 31, 2008 a. Applicant b. Project October 1, 2005 51st 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal THIS PREAPPLICATION/APPLICATION WAS MADE 700,000 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant PROCESS FOR REVIEW ON 0 c. State DATE: June 27, 2005 ٥ d. Local PROGRAM IS NOT COVERED BY E. O. 12372 b. No. 🗔 ۵ e. Other OR PROGRAM HAS NOT BEEN SELECTED BY STATE Foundations & Banks 127,000 OR REVIEW f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 54,000 g. TOTAL Tes if "Yes" attach an explanation. 881,000 R No 18, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Authorized Representative
 Prefix First Name Ricardo Middle Name Last Name Ortega Suffix h. Title c. Telephone Number (give area code) 760-357-6875 Executive Director d. Signature of Authorized Representative e, Date Signed 27,2005 Previous Edition Usable Authorized for Local Reproduction

JUN 24	'05 04:21PM A	AQMD FINANÇE		P.2		
APPLICATION FO		1	2. DATE SUBMITY	Applicant Identifier		
FEDERAL ASSIST	TANCE		6-24-05	R9 Tracking Number: 05-419		
1. TYPE OF SUBMISS	ION					
Application		Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier		
☐ Construction √ Non-Construction		Construction Non-Construction	4. DATE RECEIVED BY PEDERAL AGENCY	Pederal Identifier		
5. APPLICANT INFOR	MATION					
Legal Name;			Organizational Unit:			
SOUTH COAST	AIR QUALITY MA	ANAGEMENT DISTRICT	0-6			
Address (give city, county 21865 COPLEY DIAMOND BAR	DRIVE	DUNS #025986159	Name and telephone number of the person to be contacted on matters involving this application (give area code)			
· ***	·	BONG #023986139	Mary Leonard (909) 396-2780			
6. Employer ident: 953099419	ification (EIN);		B. County I. State Contr C. Municipal J. Private Un	ent School District collect Institution of Higher Learning iversity		
		RECEIVED	D. Township K. Indian Tri B. Interstate L. Individual F. Intermunicipal M. Profit Org			
8. TYPE OF APPLICAT		JON 3 7 7000	9. NAME OF PEDERAL AGENCY:	TECEIVED		
If Revision, enter appropr A. Increase Aw C. Increase Du Other Specify:	riate letter(s) in box(es): vard	ision casa Awam OLCARING HOUSE irease Duration	U.S. Environmental Protection Ag Gary Lance	JUN 2 4 2005 ency TE CLEARING HOUSE		
	NCE NUMBER: 66.034	Special Purpose Activities related to the CCA	11. DESCRIPTIVE TITLE OF APPLICANT'S PR \$103 Research Grant: PM _{2.6}			
12. AREAS AFFECTED	BY PROJECT (cities, coun	ties, states, cic.):				
Orange, and the no	on-desert areas of Lo , and Bernardino Co	os				
13. PROPOSED PROJECT:		14. CONGRESSIONAL				
Start Date	End Date	a. Applicant: 38,42	b. Project: 24-48			
10/01/2003	09/30/2006					
15. Estimated Ponding:			16. IS APPLICATION SUBJECT TO REV ORDER 12372 PROCESS? 2. YES. THIS PREAPPLICATION/APPL AVAILABLE TO THE STATE EXECT PROCESSES FOR REVIEW ON: DATE 6-24-05 5. NO. PROGRAM IS NOT COVERED BY OR PROGRAM HAS NOT BEEN S REVIEW	JCATION WAS MADE JTIVE ORDER 12372 ' E.O. 12372		
a. Federal		\$ 721,24				
b. Applicant	***************************************	s				
c. State		S	<u> </u>			
d. Local		s				
e. Other		\$		-		
f. Program Income		\$	17. IS THE APPLICANT DELINQUENT ON ANY Yes If "Yes" attach an explanation.	PEDERAL DEBT? √ No		
g. TOTAL		\$ 721,244	1			
18. TO THE BEST OF MY D	KNOWLEDGE AND BELIEF. AF THE APPLICANT AND THE A	ALL DATA IN THIS APPLICATION/PREAPPLICAT	ION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEE ED ASSURANCES IF THE AGSISTANCE IS AWARDED.	N DULY AUTHORIZED BY THE		
a. Typed Name of Authori Barry R. Wallerste	zed Representative. ein, D.Env.	16		c. Telephone Number (909) 396-2100		
d. Signature of Authorized	Representative	xilluder		c. Pate Signed		
evinus Editions Nos Usable	0	AUTHORIZED NOR LOCAL	PEDRADUCTION	Standard Form 424 (REV 4-88) Trescribed by OMB Circular A-102		

APPLICATION FOR			W				Version 7/03
FEDERAL ASSISTANCE	•	2. DATE 6/23/200	SUBMITTED		Appl	licant Id	entifier
1. TYPE OF SUBMISSION:			RECEIVED BY	STATE	State	e Applic	ation Identifier
Application	Pre-application	4 DATE	DECENTO BY	FEDERAL AGE	NCV Fode	aral Ider	ntifler
Construction	Construction	4, 04,	RECEIVED BY	TEDERAL AGE	NO!	31611461	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:				Organizationa	l Unit:		
Eastern Municipal Water Distric	t			Department: Water Resource	as Managan	nant	
Organizational DUNS:				Division:	es Managen	nem	
04-778-9870							and the state of t
Address: Street:				Name and tele			person to be contacted on matters
2270 Trumble Road / P.O. Box	6300	THE PERSON NAMED IN COLUMN 2 AND		Prefix:	First	Name:	
Cihe	DECEN/F			Middle Name	Brud	CO	IIIN 2 4 2005
City: Perris	REVLIVE	MARKET DAZANT.		Behrooz			JUN 2 4 2003
County: Riverside	Zip Code 92572-8300	05		Last Name Modazavi			STATE CLEARING HOUSE
State: CA	Zip Code 92572-8300			Suffix: Ph.D., P.E.		1	STATE CLEARING
Country: USA	STATE CLEARING	HOUSE		Emall:		1,000	
6. EMPLOYER IDENTIFICATION	STATE OLL TO	7)20	-cessed	Phone Number		dn)	Fax Number (give area code)
				951-928-3777 e			951-928-6120
9 4 6 0 0 4 4 2 9 8. TYPE OF APPLICATION:							
	w ☐ Continuatio		Revision			(266.06	eck of form for Application Types)
If Revision, enter appropriate let	ter(s) in box(es)	п 114	Kealalou	G. Special Dist	rict		
(See back of form for description	of letters.)			Other (specify)			
Other (specify)		L1		9. NAME OF FI United States E	EDERAL AG Bureau of Re	SENCY:	οπ
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMB	ER:	11. DESCRIPT	IVE TITLE C	F APP	LICANT'S PROJECT:
		1 5	5 0 6	Evaluation and	Selection of	f Availat	ole Processes for a Zero-Liquid
TITLE (Name of Program): Desalination and Water Purifica		تانا د.		Discharge Syst	tem for the P	'erris, C	alifomia, Groundwater Basin
12. AREAS AFFECTED BY PR				4 .			
Riverside County	Colles, Coonnes	s, Glates, C	G(G (),				
13. PROPOSED PROJECT				14. CONGRES	SIONAL DIS	TRICT	S OF:
Start Date:	Ending Date:			a. Applicant			b. Project
9/2005 15. ESTIMATED FUNDING:	10/2006			41, 44, 45, 49	ATION SLIB	IFCT T	0 REVIEW BY STATE EXECUTIVE
			nu	ORDER 12372	PROCESS?		
a. Federal \$		99,	989				DN/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372
b. Applicant \$		125,	504		OCESS FO		
c. State \$,	00	DA	TE:		
d. Local S			·vu	b. No. 📵 PR	OGRAM IS	NOT CO	OVERED BY E. O. 12372
e. Other \$.00	m OR		I HAS N	OT BEEN SELECTED BY STATE
f. Program Income \$,00		R REVIEW PLICANT DI	ELINQU	ENT ON ANY FEDERAL DEBT?
g. TOTAL \$		225,	493 '	Yes If "Yes"	attach an e	xplanati	оп. ₩2 No
	AUTHORIZED BY THE	, ALL DA GOVERN	TA IN THIS APP	PLICATION/PREATHE APPLICANT	APPLICATION THE	ON ARE	TRUE AND CORRECT. THE
attached assurances if a Authorized Representative	THE ASSISTANCE IS A	WARDED).				
Prefix	First Name			1	Middle Name	3	
Last Name	Anthony		······································	,	J. Suffix		
Pack b. Tille					c. Telenbone	Numbe	ar (give area code)
General Manager d. Signature of Authorized Repre	esentative	6)		951-928-377	77	(8.10 bica code)
a. Signature of Authorized Reple	adinante /	V 📈	J.	ľ	e. Date Sign	05	

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APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED 6/23/2005		Applicant l	dentifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Appli	cation Identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Ide	entifier
Construction Non-Construction	☐ Construction ☐ Non-Construction			, sabiants	
5. APPLICANT INFORMATION					
Legal Name:			Organizationa	l Unit:	
Eastern Municipal Water District			Department: Water Resourc	es Management	
Organizational DUNS: 04-778-9870			Division:		
Address:	The second state of the se				person to be contacted on matters
Street: 2270 Trumble Road / P.O. Box (8300 REC	EN/E	Prefix:	application (give	
		'EIVED		Bruce	CONTINUES CONTIN
City: Perris	JUN	2 7 200-	Middle Name Behrooz	Γ	
County: Riverside		EIVED 2 7 2005	Last Name Mortazavi		Harman V harman harr
State: CA	Zip CharlATE CLEA	ARING HOUSE	Suffix: Ph.D., P.E.		JUN 2 4 2005
Country: USA	Total control of the	Control of the Contro	Email: mortazavib@e	mwd.org	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number	(give area code)	SEATHWOODER ARCHING HOWEN
94-6004429]		951-926-3777	extension 4338	951-925-6120
8. TYPE OF APPLICATION:	_		7. TYPE OF A	PPLICANT: (See b	ack of form (or Application Types)
If Revision, enter appropriate lett		n Revision	G. Special Dist	rict	
(See back of form for description	of letters.)		Other (specify)		
Other (specify)	· 	_		EDERAL AGENCY Bureau of Reclama	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF API	PLICANT'S PROJECT:
		15-506			able Processes for a Zero-Liquid Califomía, Groundwater Basin
TITLE (Name of Program): Desalination and Water Purifica	tion Research and Devel	Jooment Program (DW/PR)	Discharge dys	tem for the Feths,	Dalifornia, Groundwater Basin
12. AREAS AFFECTED BY PR			1		
Riverside County					
13. PROPOSED PROJECT				SIONAL DISTRIC	······································
Start Date: 9/2005	Ending Date: 10/2006		a. Applicant 41, 44, 45, 49		b. Project 49
15. ESTIMATED FUNDING:			16. IS APPLICA		TO REVIEW BY STATE EXECUTIVE
a. Federal \$		gu .	ORDER 12372		ON/APPLICATION WAS MADE.
h Applicant	3-W	99,989	B, Yes, IEI AV	AILABLE TO THE	STATE EXECUTIVE ORDER 12372
b. Applicant 5		125,504	J	OCESS FOR REV	IEW ON
c. State \$			DA	TE:	
d. Locel \$		U	b. No. 🗇 PR	OGRAM IS NOT C	OVERED BY E. O. 12372
e. Other \$	•			R PROGRAM HAS I	NOT BEEN SELECTED BY STATE
f. Program Income \$, UU	17. IS THE API	PLICANT DELINQ	UENT ON ANY FEDERAL DEBT?
g. TOTAL \$		225,493	ł	' attach an explana	
ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF			E TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name Anthony		[Middle Name J.	<u> </u>
Last Name Pack	1			Suffix	
b. Title General Manager				c. Telephone Numb	er (give area code)
d. Signalure of Authorized Repre	sentative /)/	(951-928-3777 e. Date Signed	
				June 23, 2005	

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PART I - FACESHEET

APPLICATION	FOR F	EDERAL ASSIST	TANCE	1. TYPE OF SUBMISSION Application Non-Q	: Construction
2. DATE SUBMITTED TO CORPO NATIONAL AND COMMUNITY S (CNCS):		3. a. DATE RECEIVED BY STATE	£	3.b. STATE APPLICATION	(IDENTIFIEL:
June 24,200	55	4, 2, DATE RECEIVED BY CNCS	:	4.b. CNCS GRANT NUMB	ÉR-
5. APPLICANT INFORMATION				•	
Sa LEGAL NAME: Legal Servi		nern California			ATION FOR PROJECT DIRECTOR OF OTHER TERS INFORMATION THIS APPLICATION TO PROJECT OF THE PROJECT
Sc. ADDRESS (give street address. \$17.12th Street	elry, country sie	MARCO POR VEI	13 1	avid L. Mandel e number: (916) 55	1 - 2145 JUN 2 4 2005
Sacramento, Calif. 95814	Manual Price Service S	JUN 2 7 2005	FAX NUMB	ER: (916) 551 -	2197
		TATEOLE	11	www.scniorlegalhotline.org	· ·
6. EMPLOYER IDENTIFICATION	· · · · · · · · · · · · · · · · · · ·	MATE CLEARING HOUS	SE 7.a.	TYPE OF APPLICANT: (enter	appropriate (cuertarbox)
19141-113181	465	A THE CONTRACTOR OF THE CONTRA	A. Sinto B. Conn		ndent School District Controlled institution of Higher Learning
8. TYPE OF APPLICATION (Ched	• • •		C. Munit	cipal I, Private	e Liniversity
1— —	V.PREVIOUS	GRANTEE	D. Town	uate L Indivi	वंधनी
	NDMENT			al District N. Private	Organization : Non-Profit Organization
If Revision, enter appropriate letter(:	e) in pox(cx);		Q. Other	(specify) CNS APPLICANT CHARACT	CERCETCE
A. AUGMENTATION:	e. budget f	EVISION:	1	igniara code in each blank:	7
C. NO COST EXTENSION: 1	0 <u>lenr</u>	<u>८८ चेयाक</u>	<u> </u>	OF FEDERAL AGENCY;	
E CITIER (specify helow):				ion for National and C	Community Service
10. CATALOG OF FEDERAL D	OMESTIC ASS	STANCE NUMBER:	U. a. TITER	OF APPLICANT'S PROJECT	T:
9 4 0 1 3	ZIV*2cmo	ТΔ	Senior I	Legal Hotline – Capac	city Building
12. AREAS AFFECTED BY PRO	JECT (List Cu	les, Counties, States, etc.):	11.b. CNCS	PROGRAM INITIATIVE (IF)	ANY);
California					
13. PROPOSED PROJECT: S	TART DATE	11/01/05	END DATE:	10/31/05	
14. ESTIMATED FUNDING: Che			I.S. 1:	S APPLICATION SUBJECT T	O REVIEW BY STATE EXECUTIVE
a. FEDERAL	S			ORDER (2372 PROCESS?	
b, APPLICANT	s 34,3	59 39 34.7	359	TO THE STATE EXECU	N/APPLICATION WAS MADE AVAILABLE JTIVE ORDER 12372 PROCESSS FOR
c.STATE	5	N/A		DATE 6/24	105
d LOCAL	s	N/A	b: N	O. PROGRAMIS NOT	T COVERED 3Y E.O. 12372
e. OTHER	s	N/A		OR PROGRAM HA	AS NOT BEET SELECTED BY STATE FOR
£ PROGRAM INCOME	S	N/A	16. IS	THE APPLICANT DELINOL	JENT ON ANY FEDERAL DEBT?
g. TOTAL	2] [YES 15 Yes," attach ar	
17. TO THE BEST OF MY KNO AUTHORIZED BY THE GOVERNIN	WLEDGE AND G BODY OF T) BELIEF, ALL DATA IN THIS AI HE APPLICANT AND THE APPLICA	PPLICATION/FRE NT WILL COMPL	APPLICATION ARE TRUE AS Y WITH THE ATTACHED ASS	ND CORRECT, THE DOCUMENT HAS BEEN DULY URANCES IF THE ASSISTANCE IS AWARDED.
3. TYPED NAME OF AUTHORIZ		NTATIVE: b, TITLE:	:		c. TELETHONE NUMBER:
Gary F. Smith			tive Director	_	916 551-2111
d. SIGNATURE OF ASTRICKIZED					C. DATE SIGNED:
Modified Standard Form 424 OMB Control #: 3045-0047	⊦ (Rev. 11/	02 to conform to the CNCS e	Grants system)	Expiration Date: 03/31/2005

FEDERAL ASSISTANC	t.	2. DATE SUBMITTED		Applicant Ide	enlifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	ation Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Iden	lifier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATIO	N	781 5 2	- 10 6		
=			Organizational U	nit:	178.70
San Fernando Valley Small Bu Organizational DUNS:	isinoss Development Corp	poration (SFV-FDC)			
56-7290595	Therefore a second residence in the second	THE SPECIAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPER	Division:		787
Address: Street:		PHI	Name and teleph	one number of p	erson to be contacted on mat
12502 Van Nuys Blvd., Suite 1	19	CEWED	Involving this ap	plication (give ar First Name:	ea codo)
Pacolma, CA 91331		IN 2 7 2005	Mr.	Roberto	
Cily: Los Angeles		2 2005	Middle Name		
Counly: Los Angeles	STATE	11-	Last Name Barragan	144	
Stato:	Zip Code	CLEARING HOUSE	Suffix:		
CA Country:	91331	The state of the s			
JSA ·	***		Email: roberto@vedc.org	1	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (gi	ve area code)	Fax Number (give erea code)
95-3464246	3		(818) 907-9977		(818) 907-9720
. TYPE OF APPLICATION:	Nyav	▼ W) <u>→</u>	7. TYPE OF APPL	ICANT: (See bad	ck of form for Application Types)
Doubles anto-	w	n 🔲 Revision			
Revision, enter appropriate let see back of form for description	n of letters.)		Other (specify)		
			Non-Profit, Econor	mic Development (Corporation
Other (specify)			9. NAME OF FED Department of Ho	ERAL AGENCY:	7 × /× ··-
O. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:			ICANT'S PROJECT:
		93-570	Pacolma Business		
TTLE (Name of Program): Community Services Block Gra		a a - 5 1 1 0			abator i rogram
Community Services Black Gra 2. AREAS AFFECTED BY PR	nt Discretionary Awards	^//.	1		
		States, etc.):			
Vortheast San Fornando Valley 3. PROPOSED PROJECT	/, GA	J	-47-(4),		
Start Date:	Ending Date:	WE	14. CONGRESSIC	NAL DISTRICTS	
Octobor/2005	March/2008		26		b. Project 26,27,28,30,31
5. ESTIMATED FUNDING:		140	16. IS APPLICATI	ON SUBJECT TO	REVIEW BY STATE EXECUTI
. Federal \$		000000	ORDER 12372 PRO	DCESS? PREAPPLICATION	NAPPLICATION WAS MADE
Applicant \$	Y # 16	700,000	AVAIL	AULE IO INE SI	ATE EXECUTIVE ORDER 1237
		864,887	PROC	ESS FOR REVIEW	N ON
. State \$.00	DATE:	6/27/05	
	Whi Ada	00	b. No. 17 PROG	RAM IS NOT COV	/ERED BY E. O. 12372
. Local \$		•	LD INO. III		
. Cocal \$		- 50		OCDANI LA O LIC	T DEEL 000 000
. Other \$		2,775,000	OR PR	EVIEW	
			OR PR	EVIEW	
. Other \$		2,775,000	(F) OR PR FOR R 17. IS THE APPLIC	EVIEW CANT DELINQUE	T BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT?
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APPLICATION FOR			2. DATE SUBMITT	ED	Applicar	nt Identifier	
FEDERAL ASSISTAN	ICE						
1. TYPE OF SUBMISSION:			3. DATE RECEIVE	D BY STATE	State Ap	pplication Identifier	
Application	Preapplica	ation					
Construction	Const	ruction	4. DATE RECEIVE	D BY FEDERAL A	AGENCY Federal	Identifier	
✓ Non-Construction	Non-C	onstruction					
5. APPLICANT INFORMATION				Organizationa	al Unit:		
* Legal Name: Multicultural Co		nd Family Service		Department:	Community Educa	ation	
* Organizational DUNS:	13416420	6KECE	VED	Division:			
Address:		JUN 2 4	2005		hone number of pers (give area code)	son to be contacted on matters involve	ving
* Street1: 7437 Broadway				Prefix: Mrs.	* First Name:	Chinazom	
Street2:	9	STATE CLEARI	NG HOUSE		Bessie		
* City: Lemon Grove	င်	ounty San Dieg	0		lwuaba		
* State: CA * Zip C	ode: 9194	5 * Cour	ntry USA	Suffix:		maka@multiculturalcomm.org	
6. * EMPLOYER IDENTIFICATIO	N NUMBER	R (EIN):		1	r (give area code)	Fax Number (give area code)	
33-0945781				(619) 640-2211		(619) 465-6966	
8. TYPE OF APPLICATION:				7. * TYPE OF A	PPLICANT: :ation (Other than Institution of F	
New Continuation Revision				Other (specify)	- Veranda and a second a second and a second a second and		
If Revision, enter appropriate letter	(s) in box(es	3)					
A. Increase Award B. Decrease Award C. Increase Duration			9. * NAME OF	FEDERAL AGENCY	':		
D. Decrease Duration Other (specify):			Administration f	or Children and Fam	ilies		
10. CATALOG OF FEDERAL DO	MESTIC A	SSISTANCE	93.571	11. * DESCRIP	TIVE TITLE OF APP	PLICANT'S PROJECT:	
TITLE: Community Services Block	Grant Discre	etionary Awards_Co	ommunity Food and N	Collaborative (Community Food and	Nutrition Program.	
40 + ADDAO AFTECTED BY DD	O IECT	(Cities, Counties, States, et	h 5-				
12. * AREAS AFFECTED BY PR	OJECI	(Cities, Countries, States, et	7				
Jan Biogo Sounty							
13. * PROPOSED PROJECT:	4			14. * CONGRE	SSIONAL DISTRICT	rs of:	***************************************
* Start Date		* Ending Date		* a. Applicant		* b. Project	
10/01/2005		09/30/2006		53		53	
15. * ESTIMATED FUNDING:				16. IS APPLICATED ORDER 12372		O REVIEW BY STATE EXECUTIVE	:
* a. Federal	\$	50,000	0.00	1		LICATION WAS MADE AVAILABLE TO	
* b. Applicant	\$	9,400	0.00			372 PROCESS FOR REVIEW ON:	
* c. State	\$	(0.00	✓ YE	S DATE 06	117/2005	
* d. Local	\$		0.00	b. PRO	OGRAM IS NOT COVE	RED BY E.O. 12372	
* e. Other	\$	(0.00	OR	PROGRAM HAS NOT	BEEN SELECTED BY STATE FOR RE	EVIEW
* f. Program Income	\$	(0.00	17. IS THE AP	PLICANT DELINQUI	ENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	59,400	00.00	Yes If	"Yes," attach an ex	planation.	No
18. * TO THE BEST OF MY KNOWLEDGE GOVERNING BODY OF THE APPLICANT	AND BELIEF, AND THE APP	ALL DATA IN THIS AI	PPLICATION/PREAPPLIC Y WITH THE ATTACHED	ATION ARE TRUE ANI ASSURANCES IF THE	CORRECT. THE DOCUME EASSISTANCE IS AWAR	MENT HAS BEEN DULY AUTHORIZED BY TH DED.	IE
a. Authorized Prefix: Mrs.	*	First Name: An	naka		Middle Name Ar	ngelina	
Representative * Last Name:	Okeke	Luciani			Canada	Suffix:	
* b. Title: Executive Director	Ly, and the second second second		* c. Tel	ephone Number (g	give area code): (61	9) 464-6417	
* Email: amaka@multiculturalc	omm.org		Fax Nu	mber (give area c	ode): (6 ⁻	19) 465-6966	
d. Signature of Authorized Repres	entative:	Acompted	ed on submission to	Grants.gov	e. Date Signed:	Completed on Sutomission to Grants.	gov
						Standard Form 424 (Re	ev. x-xx)

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						OMB Approval No. 0348-0043
APPLICATION FOR			2. DATE SUBMITTED		Applica	nt Identifier
FEDERAL ASSISTANC	CE					
1. TYPE OF SUBMISSION:	A A		3. DATE RECEIVED BY	STATE	State A	pplication Identifier
Application S Construction	Preapplication Construction					
■ Non-Construction ■ Non-Constru	□ Non-Construction					
			4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal	Identifier
5. APPLICANT INFORMATION			Organizational Unit:			400000000000000000000000000000000000000
Legal Name Los Angeles County Met	ropolitan Transpor	tation Authority	Regional Program N	Management		
Address (give city, state, and zip code					o be contacted o	n matters involving this application (give
O O-4 Pl	_		area code)			
One Gateway Plaza			Steve Henley			
Los Angeles, Califo	rma 90012-2952		(213) 922-3093			
			()			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICAN	T: (enter appropri	ate letter in box)	N
95 - 44 0 19 75			- I		D	
8. TYPE OF APPLICATION:			l .	ndependent School tate Controlled In		ner Learning
New Continuation x Revis	sion		C Municipal J	Private University		<u> </u>
			· ·	Indian Tribe Individual		4
If Revision, enter appropriate letter	(s) in box(es): A		F Intermunicipal M		ion	
A Increase Award B Decreas	e Award C Increase D	uration	G Special District N	Other (Specify) _		
D Decrease Duration Other (sp			State Chartered	l Transit Dis	trict	
			9. NAME OF FEDERAL			
		*-	Federal Trans	<u>it Administr</u>	ation	
10. CATALOG OF FEDERAL DO	MESTIC 20 - 5	07	11. DESCRIPTIVE TITE	LE OF APPLICA	NTS PROJECT	:
ASSISTANCE NUMBER	0.0		CA-03-0508-0	6 – Metro G	old Line F	Eastside Extension
TITLE 49 U.S.C. § 530	J9		03 0300 0	o Meno G	old Ellie I	Justifica Editorio
12. AREAS AFFECTED BY PROJ	ECT (cities, counties, star	tes, etc.)				
County of Los Angeles, CA						
County of Los Angeles, CA						
13. PROPOSED PROJECT	14. CONGRESSIONA	1		L _		
Start Date	Ending Date	a. Applicant		b. Pr	oject	
04/08/01	12/31/09	25 through 39, 42, 46		29,	31, 32 and 34	
15. ESTIMATED FUNDING		16 IS APPLICATIO	ON SUBJECT TO REVIEW	V RV STATE EXE	CUTIVE ORDI	ER 12372 PROCESS?
a Federal \$	59,520,000.00					BLE TO THE STATE EXECUTIVE
		ORDER 12	2372 PROCESS FOR REV	IEW ON		
		DATE _ 00	6/21/05			
·						RECEIVED JUN 2 3 2005 STATE CLEARING HOUSE
		b NO LI PR	ROGRAM IS NOT COVER	ED BY E O 12372		RECEIVE
		□ or	PROGRAM HAS NOT BE	EN SELECTED I	BY STATE FOR	REVIEW CEIVED
b Applicant \$.00					1 11111 0
c State \$.00				l	JUN 2 3 2005
d Local \$	14,880,000.00				•	CTATE
e Other \$.00					STATE CLEARING HOUSE
f Program Income \$.00	17. IS THE APPLIC	CANT DELINQUENT ON	ANY FEDERAL I	DEBT?	MG 1100SE
			Yes" attach an explanation	\boxtimes No		
			•			
g TOTAL §	74,400,000.00					
18. TO THE BEST OF MY KNOWLED GOVERNING BODY OF THE APPLICA	GE AND BELIEF, ALL DAT	A IN THIS APPLICATION I	PREAPPLICATION ARE TRU E ATTACHED ASSURANCES	E AND CORRECT.	THE DOCUMENT	T HAS BEEN DULY AUTHORIZED BY THE
GOVERNING BODY OF THE ATTEICS	INT AND THE ATTEICAN	WILL COMPLET WITH TH	E ATTACHED ASSOCIATIONS	II IIII NOOD III	CE IO II WILLIAM	
a Typed Name of Authorized Repre	esentative			b Title		c Telephone number
Gladys Lowe				Director Regional Program	Management	(213) 922-2459
GIAUTO LIUTE					-	

d. Signature of Authorized Representative

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e. Date Signed

OMB	Approval	No.	0348-0043

APPLICATION FOR				2. DATE SUBMITTED		Applic	ant Identifier	
FEDERAL ASSIST	[ANC]	E					and the second s	
1. TYPE OF SUBMISSION Application		Preapplication		3. DATE RECEIVED BY STATE State Application Identifier				
Application		☐ Construction						
⊠ Non-Construction		☐ Non-Construction				A GRACIA		
5. APPLICANT INFORMA	TION		J. C. L. Charles and the Control of	4. DATE RECEIVED BY	Y FEDERAL	AGENCY Feder	al Identifier	
Legal Name	11011		AMPLIANCE AND APPROXIMENT OF THE PROXIMENT OF THE PROXIME	Organizational Unit:				
Los Angeles County	Metro	politan Transporta	tion Authority	Regional Program				
Address (give city, state, and	zip code):			Name and telephone num	iber of the pe	erson to be contacted	on matters involving this application (give	
One Gateway Plaza								
		nia 90012-2952		Steve Henley				
				(213) 922-3093	3			
6. EMPLOYER IDENTIFIC	CATION	NUMBER (EIN):		- man on annual	NITT (o N	
95 - 44 0 19		(Zivi).		7. TYPE OF APPLICAL	NT: (enter ap	propriate tetter in box	t) 1 4	
8. TYPE OF APPLICATIO		10 mm - 10 mm			Independent			
New □ Continuation	V Day	distan A			State Contro Private Univ	lled Institution of His	gher Learning	
116W LI Communication	ANU	INIVII A		D Township K	Indian Trib			
If Revision, enter appropria	te lettor/c) in hov(es):		E Interstate L F Intermunicipal M	Individual M Profit Org	ganization	•	
				G Special District				
A Increase Award B I D Decrease Duration O		Award C Increase Duify)	ration	State Chartered	d Tranci	t District		
D Decrease Duration 0	iner (spee	937		9. NAME OF FEDERA				
				Federal Trans				
10. CATALOG OF FEDER	AL DOM	iestic 20 - 5	07	11. DESCRIPTIVE TIT			Т:	
ASSISTANCE NUMBER			0 /	CA OO WOEC	0.0 74 - 4	. C.H. I i T	Sandaida Endonaion	
TITLE 49 U.S.C.	§ 530'	7		CA-90-Y056-02 Metro Gold Line Eastside Extension				
12. AREAS AFFECTED BY	PROJE	CT (cities, counties, state	es, etc.)					
		,						
County of Los Angele	s, CA	•						
13. PROPOSED PROJECT		14. CONGRESSIONAL						
Start Date		Ending Date	a. Applicant			b. Project		
04/08/01		12/31/09	25 through 39, 42, 4	16		29, 31, 32 and	134	
		<u> </u>	. , ,			<u> </u>		
15. ESTIMATED FUNDIN	C C		16 IS APPLICATIO	N SUBJECT TO REVIE	W RV STAT	E EXECUTIVE ORI	DER 12372 PROCESS?	
a Federal	\$	10,276,000.00					ABLE TO THE STATE EXECUTIVE	
	,	20,270,00000		372 PROCESS FOR REV				
			DATE _ 06	/21/05				
			b NO □ PR	OGRAM IS NOT COVE	RED BY E O	12372		
				PROGRAM HAS NOT B	EEN SELEC	TED BY STATE FO	OR REVIEW	
b Applicant	\$.00					PEG	
c State	\$.00					/ MECEIVER	
d Local	\$	1,331,365.00					I WED	
e Other	\$.00	ig jomire (pp. 10	AND DELINORDS ON	ANN DEST	DAI DEDTO	RECEIVED JUN 2 3 2005 STATE CLEARING HOUSE	
f Program Income	\$.00	17. IS THE APPLIC	CANT DELINQUENT ON	ANY FEDE	CAL DEBI!	(000)	
			Yes If "Y	es" attach an explanation	X N	No	LOTATE CLEARING LIGHT	
more i							HOUSE	
g TOTAL	\$	11,607,365.00						
	O	- (A)D DW		DE I DDI IO IMIONI I DE CO-	IE AND COE	DECT. THE DOCUMENT	NT HAS DEEN DULY AUTHODIZED BY THE	
18. TO THE BEST OF MY KNO GOVERNING BODY OF THE	OWLEDGI APPLICAN	E AND BELIEF, ALL DATA TT AND THE APPLICANT	A IN THIS APPLICATION P WILL COMPLY WITH THE	REAPPLICATION ARE TRUE E ATTACHED ASSURANCES	S IF THE ASS	KEUT. THE DOCUME SISTANCE IS AWARDI	NT HAS BEEN DULY AUTHORIZED BY THE ED	
a Typed Name of Authorize	d Repres	entative			b Title Director		c Telephone number	
Gladys Lowe					1	rogram Management	(213) 922-2459	
d. Signature of Authorized	Represent	ative			e. Date Sigr	ned /		
1 41	-				1/6.	1/1/		
1 / H	χNu				6/89	1 5		
Previous Editions Not Usabl)				1-/			

APPLICATION FOR					Version 7/03		
FEDERAL ASSISTANCE 2. DATE		2. DATE SUBMITTED 5-31-2005	ATE SUBMITTED		Applicant Identifier Tulare County Fire Department		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier			
Application	Pre-application	J. DATE RECEIVED DI	O'A'L	Otato / ippiioa			
1		4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identi	fier		
Construction	Construction						
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:			Organizationa	al Unit:			
			Department:				
Tulare County Fire Department			Fire Departme	nt			
Organizational DUNS: 099710811			Division:	*			
Address:			Name and tel	ephone number of pe	rson to be contacted on matters		
Street:				application (give are			
1968 South Lovers Lane			Prefix:	First Name: Lisa			
Ciby			Middle Name	Lisa			
City: Visalia			Wildalo Harrio				
County:			Last Name Marrone				
Tulare	7:- 0-1-		Suffix:				
State: CA	Zip Code 93292	•	Battalion Chie	f			
Country:			Email:				
USA	ALAM INCOMP (PIAM)		LMarrone@fir		Eav Number (give area code)		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):			r (give area code)	Fax Number (give area code)		
94-6000545	7		559-732-5954		559-636-4182		
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See bac	k of form for Application Types)		
V Nev	v Continuatio	n 🖺 Revision	В				
If Revision, enter appropriate lett	er(s) in box(es)						
(See back of form for description	of letters.)	П	Other (specify)				
Other (and all)			O NAME OF F	EDERAL AGENCY:			
Other (specify)				States Department of A	Agriculture		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIP	TIVE TITLE OF APPLI	CANT'S PROJECT:		
			F.R.I.S.C. Fac	ility Repair and Improv	vement to Serve the Community		
		1 0 - 7 6 6		,	,		
TITLE (Name of Program): Community Facilities Loans and	Grants			•			
12. AREAS AFFECTED BY PRO		s, States, etc.):	1				
Tulare County Communities: Cu	itler Richarove Terra Re	ella Ivanhoe Farlimart	1				
13. PROPOSED PROJECT	ition, relongrovo, roma De	sia, riamos, zaminar	14 CONCRES	SIONAL DISTRICTS	OE:		
Start Date:	Ending Date:		a. Applicant	SIONAL DISTRICTS	b. Project		
10-1-2005	9-30-2006		District 20		District 20		
15. ESTIMATED FUNDING:			16. IS APPLIC	ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE		
			ORDER 12372		LIAND LOCATION MADE		
a. Federal \$		37,150	a Vac W		I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant \$	The second secon			ROCESS FOR REVIEW			
The Control of the Co	CHEDI	13,050					
c. State	FIVED		D.A	ATE: 5-31-2005			
d. Local \$	2005	00	- PE	ROGRAM IS NOT COV	/ERED BY E. O. 12372		
	N 2 3 2005		D. No. ala				
e. Other J		.00			T BEEN SELECTED BY STATE		
f. Program Income \$	CLEARING HOUSE	DD		R REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?		
CTATE	CLEARING	· ·					
g. TOTAL \$		50,200	Yes If "Yes	" attach an explanatior	n. 🗓 No		
18. TO THE BEST OF MY KNO	MI EDGE AND BEI IEE		1	•			
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICAN	T AND THE APPLICA	NT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF T	THE ASSISTANCE IS A	WARDED.		·			
a. Authorized Representative	Cinch Nicens			Middle Name			
Prefix	First Name David			MIGUIC HAITE			
Last Name	1			Suffix			
Hillman	***************************************			a Talanhana Niverber	/give area code		
b. Title Chief				c. Telephone Number (give area code) 559-732-5954			
d. Signature of Authorized Reple	sentative. \(\)			e. Date Signed			
- Cul	-Will			5-31-2005			

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APPLICATION FOR				OMB	Approval No. 0348-00
FEDERAL ASSISTANCE		2. DATE SUBMITTED April 5	5, 2005	Applicant Identifier	
Application Preapplication		3. DATE RECEIVED B 4. DATE RECEIVED B		State Application Identifier Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
Woodlake Redevelor					
Address (give city, county, State, a 350 N. Valencia Bl Woodlake, CA. 9328	vd.		Name and telephone this application (give a	number of person to be contac area code)	ted on matters involvi
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter i	n box)
9 4 — 6 0 0 0 8. TYPE OF APPLICATION:	4 5 8		A. State	H. Independent School Dist.	С
			B. County C. Municipal	I. State Controlled InstitutionJ. Private University	of Higher Learning
If Revision, enter appropriate letter A. Increase Award B. Decre D. Decrease Duration Other(sp	ase Award C. Increase	Revision Duration	D. Township E. Interstate F. Intermunicipal G. Special District	K. Indian Tripe L. Individual M. Profit Organization N. Other (Specify)	
			9. NAME OF FEDERA	AL AGENCY:	
			USDA RURAL	DEVELOPMENT	
10. CATALOG OF FEDERAL DOM TITLE: 12. AREAS AFFECTED BY PROJ	ECT (Cities, Counties, Stat	1 0 - 7 6 6	1	TLE OF APPLICANT'S PROJ F WOODLAKE AIRPOR'	
Woodlake, Califor 13. PROPOSED PROJECT 1	nia 93286 4. CONGRESSIONAL DIS	TRICTS OF:			
1	. Applicant		b. Project		
6/1/05 12/31/05 15. ESTIMATED FUNDING:	DEVIN NUNES		DEVIN NUNES		
·	650,000.	00	ORDER 12372 PR	SUBJECT TO REVIEW BY S' ROCESS?	TATE EXECUTIVE
	A CONTRACTOR OF THE PARTY OF TH		-1 .	APPLICATION/APPLICATION	
c. State)	I .	ETO THE STATE EXECUTIVE FOR REVIEW ON:	: ONDEN 12372
d. Local	JUN 2 3 2005	.00	DATE	4.100.00	
e. Other STATE CLEARING HOUSE		USF .ºº	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income \$.00	17. IS THE APPLICAN	NT DELINQUENT ON ANY FE	DERAL DEBT?
g. TOTAL \$ 650,000.			Yes If "Yes," a	attach an explanation.	X No
18. TO THE BEST OF MY KNOWL DOCUMENT HAS BEEN DULY AN ATTACHED ASSURANCES IF TH	UTHORIZED BY THE GOV IE ASSISTANCE IS AWAF	'ERNING BODY OF THI RDED.	E APPLICANT AND TH	IE APPLICANT WILL COMPL	CT, THE Y WITH THE
a. Type Name of Authorized Repres William/Lewis/ d. Signature of Authorized Represe		o. Title City Adminis	trator	c. Telephone Number (559) 564-8055	
ju. ∪iyiialure or Aulthorize@/Hebresel	IN¤IIV⊕ ∕		į	e Date Signed /	

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APPLICATION FOR FEDERAL ASSISTANCE

State Application Prespondention Construction	FEDERAL ASSISTANCE		2. DATE SUBMITTED June 10	0. 2005	Applicant Identifier		
Construction	1. TYPE OF SUBMISSION:				State Application Identifier		
S. APPLICANT INFORMATION Country of Tuliare Country of Tuliare Address (give bit, county, State, and 2g code): 221 So. Mooney Bivd. Rm. 224 Visalla, CA 93291 A. B. D. O. D. S. 4 S. 8. TYPE OF APPLICATION: Office of the District Attorney Kate Wallace (55) 624-1054 Kate Wallace (55) 624-1054 Kate Wallace (55) 624-1054 A. Increase Award B. Decrease Award Continuation Revision D. Decrease Duration Other(specify): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): Wall Continuation District Attorney A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): Wall Country B. A. Increase Duration Other(specify): Wall Country B. A. Increase Duration Districts Office Science States B. Country B. Individual B. Decrease Award C. Increase Duration D. Percease Duration Other(specify): Wall Country B. Individual B. Decrease Award C. Increase Duration D. Percease Duration Other(specify): Wall District Attorney A. State H. Incependent School Dist. B. Country I. State Controlled Individual B. Country B. Individual B. Decrease Duration Other(specify): Wall District Attorney Country I. State Controlled Individual B. Protit Organization D. Application State Country B. M. Protit Organization D. Application State Country D. Township B. M. Protit Organization D. Application State Country D. Township B. M. Protit Organization D. Application State Country D. Township B. M. Protit Organization D. Application State Country D. Township B. M. Protit Organization D. Application State Country D. Township B. M. Protit Organization D. Application State State Country D. Township B. M. Protit Organization D. Project D. Project D. S. State Country D. Township B. M. Protit Organization D. Project D. Project D. Project D. S. State Country D. Township B. M. Protit Organization D. Project D. Project Developed District Attorney D. Project D. No. D. Project D. N	Construction	Construction	4. DATE RECEIVED BY FEDERAL AGEN		Federal Identifier		
Legel Name: Organizational Unit. Organi							
Name and leachone number of person to be contested on matters involved to the contested on the contested on matters involved to the contested on matters involved to the contested on the conte							
Sample S	l						
S. EMPLOYER IDENTIFICATION NUMBER (EM): S 4	221 So. Mooney Blvd			this application (give	area code)		
8. A. State 8. County 8. Continuation 11 Revision, anter appropriate letter(s) in box(es) 12 New Continuation Revision 13 New Continuation Revision 14 Revision, anter appropriate letter(s) in box(es) 15 New Continuation Revision 16 New Continuation Revision 17 Revision, anter appropriate letter(s) in box(es) 18 New Continuation Revision 19 New Continuation Revision 19 New Continuation Revision 10 New Continuation Revision 10 New Continuation Revision 11 New Continuation Revision 11 New Continuation Revision 12 New Continuation Revision 13 New Continuation Revision 14 New Continuation Revision 15 New Continuation Revision 16 New Continuation Revision 17 New Continuation Revision 18 New Continuation Revision 19 New Continuation Revision Revision 19 New Continuation Revision Revision 19 New Continuation Revision Re							
8. County I. State Controlled Institution of Higher Learning C. Municipal S. County C. Company C. Continuation C. Company					В		
Revision, enter appropriate letter(s) in box(es) D. Township E. Internation D. D. Township E. Individual F. Internation M. Profit Organization C. Special District N. Other (Specify): NAME OF FEDERAL AGENCY: USDA Special District N. Other (Specify): Specia	8. TYPE OF APPLICATION:			-	•		
If Revision, enter appropriate letter(s) in box(es) D. Individual F. International F. International G. Special District No. Other (specify): S. International G. Special District No. Other (specify): S. NAME OF FEDERAL AGENCY: USDA	✓ Nev	w Continuation	Revision	1 '	•		
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): A. Increase Award D. Decrease Duration Other(specify): B. NAME OF FEDERAL AGENCY: USDA				1			
A. Increase Award D. Decrease Duration Other(specify): Special District N. Other (Specify) 9, NAME OF FEDERAL AGENCY: USDA 10, CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 7 8 6 6	If Revision, enter appropriate let	ter(s) in box(es)		I			
D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: USDA 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mobile Agricultural Surveillance Tower *(M.A.S.T.) 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tulare County 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date 6/30/106 19. 20, 21 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal S. 23,681 D. Applicant S. 7,894 10. Correct S. 10. No. DATE DESCRIPTIVE ORDER 12372 PROCESS PROVED ON: DATE 06/10/05 D. No. DATE 06/10/06 DATE 06/10/06 DATE	A Increase Award R Dec	reace Award C Increas	e Duration	1	5		
USDA 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mobile Agricultural Surveillance Tower *(M.A.S.T.) TITLE: Community Facilities Grant Application 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tulare County 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date 7/1/105 6/30/06 19, 20, 21 15. ESTIMATED FUNDING: a. Federal \$ 23,681 0000 b. Applicant \$ 0. Applicant 9000 c. State RECEIVED 900 d. Local \$ 1000 JUN 2 3 2005 900 c. State RECEIVED 900 d. Local \$ 0. Applicant 9000 JUN 2 3 2005 900 JUN 2 3 2005 900 JUN 2 3 2005 900 17. IS THE APPLICATION ANY FEDERAL DEBT? DATE 06/10/05 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ANY FEDERAL DEBT? DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSITANCE IS AWARDED. a. Type Name of Authorized Representative District Attorney 900 15. Standard Form 424 (Rev. 7-97) 16. Standard Form 424 (Rev. 7-97) 17. Standard Form 424 (Rev. 7-97) Standard Form 424 (Rev. 7-97)			e Duration	C. Opeciai Biotilici	TV. Other (Openly)		
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15. ESTIMATED FUNDING: a. Federal b. Applicant c. State PECEIVED d. Local c. Other f. Program Income STATE CLEARING HOUSE g. TOTAL STATE CLEARING HOUSE G. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative Drevject Edition Usable 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION/APPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION AND THE STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION AND THE STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION AND THE STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION AND THE STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION AND THE STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION AND THE STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION AND THE STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE OF THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE OF THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE OF THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE OF THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE OF THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE OF THE STATE				b. Project			
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d. Local S	b. Applicant	\$		AVAILABLE TO THE STATE EXECUTIVE ORDER 12372			
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b. Title Phil Cline District Attorney c. Telephone Number (559) 733-6411 e. Date Signed Previous Edition Usable Standard Form 424 (Rev. 7-97)	DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF THE	ATION/PREAPPLICAT E APPLICANT AND T	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE		
Phil Cline District Attorney (559) 733-6411 d. Signartire of Authorized Representative e. Date Signed Previous Edition Usable Standard Form 424 (Rev. 7-97)				and the second s	c Telephone Number		
d. Signature of Authorized Representative e. Date Signed 6-13-05 Standard Form 424 (Rev. 7-97)		resentative					
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Authorized for Local Reproduction

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A DOLLOATION FOR							_	Version 7/03
APPLICATION FOR FEDERAL ASSISTANCI	E			6/21/2005		Applicant Ident		,
1. TYPE OF SUBMISSION:	T		3. DATE RECEIVED BY STATE			State Application Identifier F-50-R		
Application	Pre-application	Ì	4. DATE RECEIVED BY	FEDERAL AGE	NCY	ederal identifi		
☐ Construction	Construction	n						
Non-Construction 5. APPLICANT INFORMATION	∐ Non-Constru N	Jetion						
Legal Name: State of Califo				Organizational			<u></u>	
							sh and Game	,
Organizational DUNS: 80832	22358			Division: Fish	neries F	rograms Br	anch	
Address:	12-000			Name and tele	ephone (number of per	son to be contac	ted on matters
Street: 1812 Ninth Street	The state of the s	HE	CEIVED	Prefix:	зарриса	First Name: C	arolyn	
City: Sacramento		Jt	IN 2 3 2005	Middle Name				
County: Sacramento		STATE	CLEARING HOUSE	Last Name	Murata	I	_	
State: CA	Zip Code 958		CLIANINGTIOUSE	Suffix:				
Country: USA				Email: cmur	rata@d	fg.ca.gov		
6. EMPLOYER IDENTIFICATI	ON NUMBER (EI	N):		Phone Numbe	er (give are	ea ∞de)	Fax Number (give	area code)
94-169756	7			(916) 445-3	3559		(916) 445 -4 0	44
8. TYPE OF APPLICATION:				7. TYPE OF A	APPLICA	NT: (See back	of form for Applic	ation Types)
☐ Ne		tinuatio	n 🖪 Revision	A. State	е			
If Revision, enter appropriate le (See back of form for descriptio	n of letters)	C	Vant.	Other (specify))			
Other (specify)				9. NAME OF I	FEDERA partmer	L'AGENCY: nt of Interior	, Fish and Wild	llife Service
10. CATALOG OF FEDERAL	DOMESTIC ASS	ISTANC	E NUMBER:	11. DESCRIP	TIVE TIT	LE OF APPLI	CANT'S PROJEC	T:
			15-605	Amendme	nt #19 t	o Marine Sp	ort Fish Mana	gement and
TITLE (Name of Program): Sp	port Fish Resto	oration		Research.			tatements and	Costs - from
12. AREAS AFFECTED BY P	ROJECT (Cities, C	Counties	, States, etc.):				o: Manageme	nt of Marine
Statewide				Sport Fish.				
13. PROPOSED PROJECT	IE-1-5-6			14. CONGRE	SSIONA	L DISTRICTS	1 171 12 1	1,
Start Date: 07/01/2004	Ending Date:	06/30)/2007	a. Applicant	•		- State	wide - 99
15. ESTIMATED FUNDING:				ORDER 12372	2 PROCE	SS?	REVIEW BY STA	and the second s
a. Federal	\$		6,757,875.00	a. Yes.	HIS PRE	APPLICATION	VAPPLICATION VI ATE EXECUTIVE	AS MADE ORDER 12372
b. Applicant	\$	-	t		ROCESS	FOR REVIEV	VON	
c. State	\$		2,252,625.00	٥	ATE:	June 2	3, 2005	
d. Local	\$		and the second s	b. No. D	ROGRA	IS NOT COV	ERED BY E. O. 1	2372
e. Other	\$			1 1 1	R PROG		T BEEN SELECTE	ED BY STATE
f. Program Income	\$			17. IS THE A	PPLICAN	IT DELINQUE	NT ON ANY FEDE	RAL DEBT?
	\$		9,010,500.00	1		an explanation		
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL' ATTACHED ASSURANCES IF	Y AUTHORIZED E	BY THE	GOVERNING BODY OF					
a Authorized Representative Prefix	First Name Re	enee			Middle I	Name		
Last Name Renwick	1			•	Suffix			
b. Title Deputy Director, A	Administration				c. Telephone Number (give area code) (916) 653-4633			
d. Signature of Authorized Rep	resentative (ما .	-d		e. Date Signed 6/22/05			
Previous Edition Usable	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	exil	4			.010		424 (Rev.9-2003

APPLICATION FOR								Version 9/0:
FEDERAL ASSISTANCE			2. DATE SUBMITTED			Applican	t Identifier	V C181011 9/0
)		06/22/2005			1		
1. TYPE OF SUBMISSION:			3. DATE RECEIV	ED BY STATE		State Ap	plication Identifier	
Application		olication						
Construction Non-Construction		nstruction n-Construction	4. DATE RECEN	ED BY FEGERA	AL AGENCY	leceral!	dertifi*	
5. APPLICANT INFORMATION								
		Contraction of the Contraction o	THE REAL PROPERTY AND A PROPERTY OF THE PROPER	Organizat	ional Unit:			
* Organizational DUNS:	09358	stance Gerogration		Department Division:	Environn	nental Dep	artment	
Address:	-	JUN 2	2 2005	1	elephone numb	er of parce	on to be contacted on matte	
* Street1: 3120 Freeboard Drive	e, Suite 2	201		I this applicat	ion (give area o	ode)	on to be contacted on matte	ers involving
Street2:		STATE CLE/	ARING HOUSE	Prefix:	* Fit	st Name:	June	, 1041
* City: West Sacramento		County Yolo		Middle Nam				
* State: CA * Zip C	ode: 95	691 Count	Iry USA	* Last Name				
6. * EMPLOYER IDENTIFICATION	NUMB			Suffix:		Ľ	w@rcac.org	
94-2512284		(=77)			nber (give area	code)	Fax Number (give area coo	le)
8. TYPE OF APPLICATION:				360-565-845	-		360-565-8457	
✓ New ☐ Continuation	n [☐ Revision		1 .		ation (O	ther than Institution of I	
If Revision, enter appropriate letter(s	_	-		Officer (specif	'Y)			
A. Increase Award B. Decrease Award		ocrease Duration						
D. Decrease Duration Other (specify):	[9. * NAME OF FEDERAL AGENCY: Administration for Children and Families				
10. CATALOG OF FEDERAL DON	IESTIC	ASSISTANCE	[oo ===]	Administration	on for Children	and Familie	es	A SA CONTRACTOR OF THE PARTY OF
TITLE: Community Services Block G			93.570	11. * DESCR	IPTIVE TITLE	OF APPLI	CANT'S PROJECT:	
		cretionary Awards	1-14 m	Community	facilties techni	cal assista	nce program area 2.0	
12. AREAS AFFECTED BY PRO		(Cities, Counties, States, etc.):	•					
AK, AZ, CA, CO, HI, ID, NV, NM, C	OR, UT, '	WA						
13. * PROPOSED PROJECT:				14 CONGE	RESSIONAL DI	CTDIOTO /	05	
* Start Date		* Ending Date		 		SINICIS		
10/01/2005		09/30/2010		* a. Applican	! 		* b. Project	
5. * ESTIMATED FUNDING:				<u> </u>			Various rural areas (see	
a. Federal	\$	1,000,000.00		16. IS APPLI ORDER 1237	CATION SUBJ 2 PROCESS?	ECT TO R	EVIEW BY STATE EXECU	TIVE
b. Applicant	\$	400,000.00		a. YES, THIS	PREAPPLICATE	ON/APPLIC	ATION WAS MADE AVAILAB PROCESS FOR REVIEW ON	LE TO
c. State	\$	1,063,592.00		1	ES DATE	06/22/2		:
d. Local	\$	0.00		_			D BY E.O. 12372	
e. Other	\$	0.00]				EN SELECTED BY STATE FO	
1. Program Income	s [0.00						1
. TOTAL	\$ [2,463,592,00	200 Yes If "You" altach as authority					
OVERNING BODY OF THE APPLICANT AN	D BELIEF, D THE AP	, ALL DATA IN THIS APPLI PLICANT WILL COMPLY W	ICATION/PREAPPLICATION					No D BY THE
a. Authorized Prefix:		First Name: June	ATTACHED	AUGUNANCES IF T),	
Representative * Last Name;	Otow	1	771	First Committee of the same	Middle Nam			1
b. Title: Corporate Development D	irector		* c. Telen	hone Number (nive area cod-\		uffix:	,
Email: jotow@rcac.org				per (give area o	-	360-569		
Signature of Authorized Represent	alive:	Completed o	n submission to G				leted on submission to Gra	
ravious Edition Usable				.J	aio oign	ou. comp	nered on submission to Gra	nts.gov

APPLICATION FOR	· · · · · · · · · · · · · · · · · · ·				Version 7/03		
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Applica	tion Identifier		
Application	Pre-application	4. DATE RECEIVED BY	EEDERAL AGENCY	Federal Ident	for		
Construction			FEDERAL AGENCT	irederal identi	illei		
Non-ConstructionAPPLICANT INFORMATION	Non-Construction						
Legal Name:			Organizational Uni	t:			
CSU, Chico Research Found	dation		Department: Office	of Sponsore	d Programs		
Organizational DUNS: 61-21	7-7162		Division:				
Address:	7-7102	CEIVED	Name and telephor	ne number of pe	erson to be contacted on matters		
Street:	I A bassu	Parent I I Research Barrier	involving this appl	Tinat Mainage			
CSU, Chico - Bldg. 2	25 JU	N 2 2 2005	Prefix:	riist Name.	Diane		
City: Chico	ACCIONAL DE LA COMPANION DE LA		Middle Name M.				
County: Butte	STATE	CLEARING HOUSE	Last Name John	son			
State: CA	Zip Code 95929-0	870	Suffix:				
Country: USA	1		Email: dmiohnso	n2@csuchid	co.edu		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give		Fax Number (give area code)		
68 - 0386518	, ,		(530) 898-5	700	(530) 898-6804		
8. TYPE OF APPLICATION:	= =		7. TYPE OF APPLICANT: (See back of form for Application Types)				
☑ Nev		n Revision	Other - Nonprofit 501(c)3				
If Revision, enter appropriate let	ter(s) in box(es)		Other (specify)				
			1	DAL AGENOV			
Other (specify)		4	9. NAME OF FEDE	Contraction of the second			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	1		ICANT'S PROJECT:		
	·	66- – 436	Standardization of Benthic Invertebrate				
TITLE (Name of Program): SUFFVE	EYS, STUDIES, INVESTIGATIONS, DEMO COPERATIVE AGREEMENTS - SECTION	NSTRATIONS, AND TRAINING GRANTS 104(B)(3) OF THE CLEAN WATER ACT	Bioassessment Protocols for Low-Gradient				
12. AREAS AFFECTED BY PR			Streams in C	alifornia			
California		•		•			
13. PROPOSED PROJECT		4972	14. CONGRESSION	NAL DISTRICTS			
Start Date: 8/01/05	Ending Date: 07/3	31/07	a Applicant seco	nd	b. Project all CA districts		
15. ESTIMATED FUNDING:			40070 BD0	05000	REVIEW BY STATE EXECUTIVE		
a. Federal \$		30,000 .00	THIS P	REAPPLICATION	N/APPLICATION WAS MADE		
b. Applicant \$.00		BLE TO THE ST SS FOR REVIE	711E E/1200 111E 011E -111		
c. State \$	· · · · · · · · · · · · · · · · · · ·	.00		6-22-05			
			-		VERED BY E. O. 12372		
d. Local \$.00	b. No. L		*		
e. Other \$.00	☐ FOR RI	EVIEW	OT BEEN SELECTED BY STATE		
f. Program Income \$.00	17, IS THE APPLIC	ANT DELINQUE	ENT ON ANY FEDERAL DEBT?		
g. TOTAL \$		30,000 .00	Yes If "Yes" atta	ch an explanatio	n. 🖸 No		
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	, ALL DATA IN THIS APP	PLICATION/PREAPP	LICATION ARE	TRUE AND CORRECT. THE		
ATTACHED ASSURANCES IF			THE APPLICANT AN	ID THE APPLICA	ANT WILL COMPLY WITH THE		
a. Authorized Representative Prefix	Tiret Name		Mide	le Name			
	First Name Carol						
Last Name Sager			Suffi	X			
	Sponsored Progra	ms ·	c. Telephone Number (give area code) (530) 898-5700				
d. Signature of Authorized Repr	sentative	***************************************	e. Date Signed 6/22/08				

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Standard Form 424

APPLICATION FOR				OMB Approval No. 0348-0043		
FEDERAL ASSISTA	NCE	2. DATE GUBMITTED	05	Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier		
Application Construction	Preapplication					
	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier		
Non-Construction	Non-Construction			CA.03-0634-01		
5. APPLICANT INFORMATION		· · · ·				
Legal Name: Antelope Valley T	Fansit Auth	writy	Organizational Unit:			
Address (give city, county, State,	and zin code):		Name and telephone	number of person to be contacted on matters involving		
42210 6th S	treet west		this application (pive a	rea code)		
Lancaster, c)	Randy F/ 661-729	7-2206		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (onter appropriate letter in box)		
95-4322	1/19		A. State	H. Independent School-Dist.		
B. TYPE OF APPLICATION:		***************************************	B. County	I. State Controlled Institution of Higher Learning		
☐ New	Continuation	Revision	C. Municipal D. Township	J. Privata University RECEIVED K. Indian Tribe		
If Revision, enter appropriate lett	er(a) in box(as)		E. Interetate	L. Individual		
		J	F. Intermunicipal	M. Profit Organization JUN 2 1 2005		
A. Increase Award B. Dec D. Decrease Duration Other(s	rease Award C. Increase specify):	Duration	G. Special Diatrict	N. Other (Specify		
			A. NAME OF FEDERA	MENT OF FRANÇA HOUS		
				neit Administration		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TO	TLE OF APPLICANT'S PROJECT:		
Federal Transit -	assital 1	20-500	ADDITION	al funding for the		
Program Grent			Mariation	CO 4 A O-4		
TITLE:	the coans		14	reforestions Phase II construction		
12. AREAS AFFECTED BY PRO	portion of v	10 mle + n	and aguip	Phase II construction ment.		
19. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:				
Start Daje Ending Date	a. Applicant		b. Project			
7/1/05 4/30/07	22 and	25	22	and 25		
15. ESTIMATED FUNDING:						
			ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE OCE89?		
a. Federal	\$ 1811.9) / n . "				
	1,816,9	<u> </u>	(a. YES, THIB PREA	PPLICATION/APPLICATION WAS MADE		
b. Applicant	\$, dio	AVAILABLE	TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:		
c. State	\$.00	DATE 6	-20-05		
d. Local	\$ 454.2	7 R				
e. Other	\$,		M IS NOT COVERED BY E. Q. 12372 BRAM HAS NOT BEEN SELECTED BY STATE		
f. Program Income	\$	۵۵				
g. TOTAL	\$ 0 5 7 1 1	.10	1	T DELINQUENT ON ANY FEDERAL DEBT?		
18. TO THE BEST OF MY KNOW	2,271,1	TO DATA IN THIS ADDI IN		INBCh an explanation. No		
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	verning body of th	E APPLICANT AND TH	ION ARE THUE AND CORRECT, THE IE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF T	ME ASSISTANCE 19 AWA	ADED.				
a. Type Name of Authorized Repr	esenia(IVe	b. Title	,	c. Telephone Number		
Kandy Floyd		Executive D		661-729-2206		
d. Signature of Authorzed Repres	entalive	· 		e. Date Signed		
Previous Edivin Usable				Standard Form 424 (Rev. 7-97)		
Authorized for Local Reproduction	1			Prescribed by OMB Circular A-102		

FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier 95-6005880				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	Y STATE	State Application Identifier				
Application	Pre-application							
Construction	☐ Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identif	ier			
Non-Construction	Non-Construction							
5. APPLICANT INFORMATION	1		Organizational Unit					
Legal Name:			Department:	Department:				
City of McFarland			NA Division:					
Organizational DUNS: 17-095-2766			NA					
Address:			Name and telephor involving this appli	e number of pe	rson to be contacted on matters			
Street: 401 West Kern Street			Prefix:	First Name:				
401 77636176111 641661			Mr.	Rafael				
City: McFarland			Middle Name Last Name					
County: Kern			Melendez					
State: CA	Zip Code 93250		Suffix:					
Country:			Email: mcfarlandcity@yah	oo.com				
USA 6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (give		Fax Number (give area code)			
			661 792 3091		661 792 3093			
95-600588 8. TYPE OF APPLICATION:	0		7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)			
6. 111 E OF ALT E.O. NO.	w 🔲 Continuati	on Revision	Municipality					
If Revision, enter appropriate le	etter(s) in box(es)		Other (specify)					
(See back of form for description	on of letters.)							
Other (specify)		9. NAME OF FEDE USDA Rural Develo	pment					
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:			ICANT'S PROJECT:			
		10-766	The City is requesti	ng funding for co	mputer equipment, software, and for a much needed computer			
TITLE (Name of Program):			learning center pro-	aram for the loca	residents of the City of McFarland.			
TITLE (Name of Program): Community Facilities Grant Pr	rogram	Chatan atali	The program will focus on teaching local residents on how to use computers as well as provide Microsoft Certification classes for various					
12. AREAS AFFECTED BY P		es, States, etc.).	computers as well a pgms	as provide Micros	soft Certification classes for various			
City of McFarland, County of I	Kern, State of California		14. CONGRESSIO	NAL DISTRICTS	OF:			
13. PROPOSED PROJECT	Ending Date:		a. Applicant	TAL BIOTINGTO	b. Project			
Start Date: NA	NA NA		20th District		20th District			
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE			
a. Federal	\$.00	THIS F	REAPPLICATIO	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372			
a. I odciai		84,700		ABLE TO THE S ESS FOR REVIE				
b. Applicant	RECEIV	84,000 · 00		June 13, 2005				
c. State	\$		PROC	•	VERED BY E. O. 12372			
d. Local	s JUN 2 1 2	005	D. NO. IJ.J					
e. Other	STATE CLEARING	.00	⊢ FOR R	E\/IE\W	OT BEEN SELECTED BY STATE			
f. Program Income	\$		17. IS THE APPLI	CANT DELINQU	ENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$	168,700	Yes If "Yes" att	ach an explanation	on. 🗵 No			
18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES I	_Y AUTHORIZED BY IF	IE GOVERNING BODT	APPLICATION/PREAPE OF THE APPLICANT A	PLICATION ARE ND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE			
a. Authorized Representative			Mid	dle Name				
Prefix Mr.	First Name Rafael		Suf					
Last Name Melendez				elephone Numbe	ar (nive area code)			
b. Title Mayor			(66	1) 792 3091	si (Aire aiea codo)			
d. Signature of Authorized De	presentative			Date Signed	·05			
1/1/m/ 1/1/	Corry			J / 0 -	Standard Form 424 (Rev 9-2003			

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d. Signature of Authorized Representative

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

6.15.05

APPLICATION FOR FEDERAL ASSISTANCE	•	2. DATE SUBMITTED		Applicant le	Version 7/03	
		3. DATE RECEIVED BY	STATE		calion Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application			''		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ide	RECEIVED	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction			l		
Legal Name:			Organizational Unit:		JUN 2 1 2005	
The Regents of the U	Iniversity of Calif	ornia	Department:		OTATI	
Organizational DUNS: 62-7	79-7426		DIVISION: STATE CLEARING HOUSE			
Address:			Name and telephone involving this applic		person to be contacted on matters	
University of Californ	ia, Riverside		Prefix: (951)	First Name		
City: 200 University O	ffice Building		Middle Name Boy	vman	A	
County: Riverside			Last Name Cut	ter		
State: CA	Zip Code 92521	-0217	Suffix:			
Country: USA			Email: bowman	n.cutter@	Ducr.edu	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give a		Fax Number (give area code)	
95-6006142	1		951-827-2088		951-827-3993	
8. TYPE OF APPLICATION:		_	7. TYPE OF APPLIC	ANT: (Sea l	back of form for Application Types)	
If Revision, enter appropriate let	ter(s) in box(es)	n 🖺 Revision	l.			
(See back of form for description	of letters.)		Other (specify)			
Other (specify)			9. NAME OF FEDER	AL AGENC	r: _{EPA} —	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:			PLICANT'S PROJECT:	
		66-463	Implementing the Lincentives.	os Angeles F	liver Metals through Financial	
TITLE (Name of Program):			mochaves.			
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):				
47 DECOMES PROJECT			14. CONGRESSION	AL DISTRIC	TS OF:	
Start Date: 00/01/05	Ending Date: 02/	 28/07	a. Applicant 44	<u> </u>	b. Project Statewide	
09/01/05	027	20/07	1	SUBJECT	TO REVIEW BY STATE EXECUTIVE	
a. Føderal \$		DU			TON/APPLICATION WAS MADE	
		62,000			GINIE ENECOTIVE ON PER I	
b. Applicant S				SS FOR REV		
c. State		,	DATĘ:		5, 2005	
d. Local \$,00	D. NO. L.J		COVERED BY E. O. 12372	
e. Other \$, M	OR PRO		NOT BEEN SELECTED BY STATE	
1. Program Income \$.uo	17.15 THE APPLICA	NT DELINC	QUENT ON ANY FEDERAL DEBT?	
g. TOTAL \$	A A A A A A A A A A A A A A A A A A A	62,000	Yes If "Yes" attac		_	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPL THE APPLICANT AND	CATION A	RETRUE AND CORRECT. THE LICANT WILL COMPLY WITH THE	
a. Authorized Representative	First Name		Middle	e Name		
	Ruben		<u>B</u>			
Lest Name Gome 2			Suffix			
_	ntract & Grant	Analyst			nber (give area code) 4809	
d. Signature of Authorized Repr	esentative ween	B. Tomes		te Signed ine 15.	2005	
Previous Edition Usable Authorized for Local Reproducti		- 5			Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

Standard Form 424

APPLICATION FOR				OMB Approval No. 0348-0043	
FEDERAL ASSISTAN	NCF	2. DATE SUBMITTED		Applicant Identifier	
LEDUNAL VOSIO I VI	TOL.	6-20-6	25		
1. TYPE OF GUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication				
Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier CA-03-0634-01	
6. APPLICANT INFORMATION	Tal Rull Collaboration				
Legal Name:	- 1 4 11	•	Organizational Unit:		
Antelope Valley T Address (give city, county, Siste,	ranget Auth	writy			
141			Ithia andilontion (also a	number of person to be contacted on matters involving	
TARIO WIN J	" FIR	ECEIVE	Bandy F/	ayd	
Lancaster, C	A 4355C	Paratas Van America II VI Barress I	661-729	2-2206	
O, EM, EO TEN IDENTIFICATION	THOMES LITTER OF	JUN 2 1 2005	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
95-4377	1/1/19	0011	A. State	H. Independent School Dist.	
A. TYPE OF APPLICATION:	CTAT	TO OLEADING LIG	B. County	I. State Controlled Institution of Higher Learning	
☐ New	Continuation	E CLEARING HO	J & EMunicipal	J. Private University	
If Revision, enter appropriate lette	-	THE PROPERTY OF THE PROPERTY O	D. Township E. Interstate	K. Indian Tribe L. Individual	
The same of the sa	- (a) ben(a)		F. Intermunicipal	M. Profit Organization	
	геве Award C. Increase	Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(s	specify):		A NAME OF FEDERA	N. AGENCY:	
			8. NAME OF FEDERAL AGENCY: U.S. Department of Transportation		
			Federal Transit Administration		
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:	
Federal Transit - Program Grant .	Capital	20-500	ARRITION	al funding for the	
rogram Grant	and Loans		Maintenance & Operations Facility - Phase II construction		
12. AREAS AFFECTED BY PRO	SECT (Chies, Countles, Sta	tes, etc.):	Facility -	Phase II construction	
Awlalope Valley	portion of	10 mherr	and alip	ment -	
12. AREAS AFFECTED BY PRO AND ADPA VAILEY LOS ANGELS COL 13. PROPOSED PROJECT	anty Caliton	TRIOTO OF	<i>D</i> ,		
13. PROPOSED PROJECT	14, CONGRESSIONAL DI	sinicia or:			
Stan Daje Ending Date	a. Applicant		b. Project		
7/1/05 4/30/07	22 and	25		and 25	
15. ESTIMATED FUNDING:			18. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE	
a. Federal	\$ 10.11	3 4 5	ORDEN 123/2 PA	HOCE337	
	1,816,9	1/2_	a. YES, THIS PREA	APPLICATION/APPLICATION WAS MADE	
b. Applicant	\$, OC	1	TO THE STATE EXECUTIVE ORDER 12872	
a. State	\$	60	PROCESS	FOR REVIEW ON:	
		•	DATE 6	-20-05	
d. Local	\$ 4545	~ · · · · · · · · · · · · · · · · · · ·			
e. Other	454,2	<u>~ 0 </u>		MIS NOT COVERED BY E. O. 12372 3RAM HAS NOT BEEN SELECTED BY STATE	
	ľ	•	FOR REV		
f. Program Income	\$, DEC			
4 TOTAL		66	17. IS THE APPLICAL	NT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 2,271,1		Yes If "Yes,"	attaoh an explenation. No	
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALI	L DATA IN THIS APPLIC	I ATION/PREAPPLICAT	ION ARE TRUE AND CORRECT, THE	
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF TH	E APPLICANT AND TH	TE APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF a. Type Name of Authorized Rep		D. Title		lo Talochano Numbar	
Randy Floyd		Executive D	rector	c. Telephone Number 661 - 729 - 2206	
d. Signature of Authorized Repre-	sentative		· · · · · · · · · · · · · · · · · · ·	e. Date Signed	

ਜ਼						Version 7/03
PPLICATION FOR EDERAL ASSISTANCI	E	2 DATE SUBMITTED 19 APRIL 2005		Applicant Iden		
TYPE OF SUBMISSION:		3. DATE RECEIVED 61		State Applicati		
pplication	Pre-application	A DATE RECEIVED H	FEDERAL AGENCY	Foderal Identif	lier'	
Construction	Mon-Construction	MAY -9	2005	1		
Mon-Construction APPLICANT INFORMATIO	H	, and a summarise of the state	(myanizational tini	t:		
gal Name :			Department:	· · · · · · · · · · · · · · · · · · ·		
IKE MORIENA OAK SHORE	S MUTUAL WATER CO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			- AMSARILITAE
ganizational DUNS: 1-937-8338			Division PUBLIC RURAL DE	AETONMEN!	roon to be spelect	an neather:
idrass.			Water Sun mindhus	ication (give are	a code)	
bloc t:			Prefix:	First Name: RAYMOND		
Ay: AMPO			Middle Name	agaaalaagaaan oo ah ay badah baab o -		
	raider of the control		Last Name STICKLEY			
anty AN DIEGO	126-15-4-		Sutix	·		
ieno:	Zip Code	·				
ountry:			Email.		10	
EMPLOYER IDENTIFICAT	TON WUMBER (EIN):	<u>, </u>	Phone Mamber (giv	e aven codel	Fax Number (give	Bi69 Code)
93-246292	A					The Times
TYPE OF APPLICATION:	<u> </u>		1. TYPE OF APPL	CANT: (See Da	ck of form for Applic	Sistema (Francis)
Revision, unior appropriate	legy () Commutat	ion 🗍 Revision	MUNICIPAL			
ee pack of john tot describit	ion of leners.)	[**}	Ottrer (specify)			
Other (specify)	, 1	_	9. NAME OF FEDE USDA RURAL DE	VELOPMENT		,
O CATALOG OF FEDERA	DOMESTIC ASSISTA	NCE NUMBER:			HEANT'S PROJEC	
FITLE (Name of Program); WATER AND WASTEWATE 12. AREAS AFFECTED BY CAMPO, SAN DIEGO COUP	PROJECT (Cares, Count	1 D-F 6 0	im pr ovements		MDING FOR WATE	
3. PROPOSED PROJECT			14 CONGRESSIO	MAL CHIRICIS	S OIP:	
SIZNI Dane: NUGUST 2005	Ending Date:		a, Applicant 52NO		52ND	
15, ESTIMATED FUNDING:	We will the		000E0 49171 PD	areero	O REVIEW BY STA	
a. Federal	" DECE!	VE2672.118	J. Yes. K. AVAIL	PREAPPLICATION OF THE S	NAPPLICATION V	ras madē Order 12372
b. Applicant	\$ 11	7.0.5	PROC	ESS FOR REVIE		
c, State	JUN 2 0	819,862	DATE	· Œ / ·		
d, Local	1 100	***************************************	b. No. III PROG	RAM IS NOT CO	WERED BY E. O. 1	2372
e. Other	STATE CLEAR	MG HORSE			OT BEEN SELECT	
f Program Income	5	And the second s	17, IS THE APPU	CANT DELINOU	IENT ON ANY FEDI	PAL DEBT?
g. TÖTÄL	\$	z.692.000	Tyes if "Yes" at			
18, TO THE BEST OF MY K	LY AUTHORIZED BY T	HE GOVERNAM BODY (UPPLICATION/PREAP OF THE APPLICANT A	PLICATION ARE NO THE APPLIC	TRUE AND CORR CANT WILL COMPL	ECT. THE Y WITH THE
ATTACHED ASSURANCES s. Authorized Representative		AWARUED.	A W.	die Name / 7		, , , , , , , , , , , , , , , , , , ,
Prefix	First Name A	4 MOND		WF	4782	.
Last Name Stickle	3/	,	Su		as fall is many and all	
bITHO PRESIDE	Wt ,	11		releadone Humb	9 9 9 8 9	
d. Signal of Authorized A	Att	the	₩.1	Date Signed / 9	1-05	121 /En-11 2
Previous Edition & Sable Authorized Inc. Acad Reports	witton				- Бандаед Ропт Равстрой by О	i 424 (Rev.9-20 MB Circular A

To: JAMES OWENS FM: RAMES

		F	Form 424	OM	IB Approval No	o. 0348-0043
Application for		2. Date Sub	mitted	3. Applicant Ide	ntifier	
Federal Assistance			15-Jun-05			
1. Type of Submission Application		3. Date rec	eived State	State Applicati	ion Identifier	
Application Pr	eaplication					
x Constuction	Construction	4. Date rec	eived by Federal	Federal Identif	fier	
x Non-Constuction	Non-Construction	Agency:				
5. Applicant Information						
<u> </u>	eninsula Corrido	or Joint Po				
Address (give city, county, state, a			Name and telephone			code)
1250 San Carlos Aver	nue		Joel SI	avit, (650) 508	-6476	
San Carlos, San Mate	o County, CA 9	4070				
6. Employer Identification Number	(EIN):		7. Type of Applicant	(enter appropri	ate letter in bo	<i>x)</i> G
9 4 3152903						
Type of Application			A. State		ependent Sch	
			B. County		e Controlled In	stitution
x new continuation		Revision	C. Municipal		gher learning.	
If revision, enter appropriate letter	(<u>s)</u>		D. Township		ate University	
in boxes:			E. Interstate		ian Tribe	
A. Increased Award B. Decreased	d Award		F. Intermural		fit Insitution	
C. Increase Award D. Decrease I	Duration		G. Special District	M. Oth	ner: MPO	
Other (specify):						
10. Catalog of federal domestic			9. Name of federal Age			
assistance number:				l Transit Admi		
			11. Descriptive title of a			
12. Areas affected by project:				5 Capital Impr		
San Francisco, San Mateo and	Santa Clara Cou	unties	Train T	racking Informa		ander sellen des selles tenerosiste en en en est e produktivente en <u>zom en en e</u> en
					RF	CEIVED
13. Proposed Project	·				N R Bester	The Section Of the Indiana (Control
	nd Date:					N 2 0 2005
5/31/2006	12/31/2008				. 30	(
					OTATE	OLEADING HOUSE
15. Estimated Funding					SIAIE	CLEARING HOUSE
a. Federal	\$500,000	14. Congres	ssional Districts of:	1	ARRENT CONTROL OF THE PROPERTY	AND THE PARTY OF STREET OF STREET, STR
b. Applicant		a. Applican	nt	B. Project		
c. State		8, 12, 13, 1	14, 15 & 16	8, 12,	13, 14, 15 & 1	6
d. Local	\$124,500					
f. Program Income			cation subject to review			ss? Yes
e. Other			preaplication/application		lable to the	
g. TOTAL	\$624,250		utive order 12372 proce	ess review on		
17. Is the applicant delinquent		Date:	1			
on any federal debt?		b. No	Program is not covere		-4- f	
Yes.(attach an explana No.	ŕ	or	or program has notbee			
18. To the best of my knowledge						
The document has been duly auth			ly of the applicant and	the applicant	will comply	
with the attached assurances if as		ded.	r			
a. Typed Name of Authorized Representati	ive		b. Title	l .	ephone Numbe	er:
Michael J. Scanlon			Executive Director		508-6221	
d. Signature of Authorized represe	entative	$< \leq i$		e. Dat	e Signed	16-005

		1	Form 424	<u>)</u> <u>)</u> OI	MB Approval No	o. 0348-0043		
Application for	Application for 2. Date S		bmitted 3. Appli		entifier			
Federal Assistance		10-Jun-05						
1. Type of Submission Application	3	3. Date received State		State Applica	ition Identifier			
<u>App</u> lication	Preaplication							
x Constuction	Construction	i e	ceived by Federal	Federal Ident	lifier			
x Non-Constuction	Non-Construction	Agency:						
5. Applicant Information	D	- Inda Da						
	Peninsula Corrido	or Joint Po	Name and telephone	of contact no	reon (give area	code)		
Address (give city, county, state 1250 San Carlos A				avit, (650) 50		couc)		
San Carlos, San M		4070	000.01	avit, (000) 00				
6. Employer Identification Number	oer (EIN):		7. Type of Applicant	(enter approp	riate letter in bo	ox) G		
9 4 3152903			, , , , , , , , , , , , , , , , , , , ,	,,,,		, E		
8. Type of Application			A. State	H. In	dependent Sch	ool Dst.		
			B. County	I. Sta	ate Controlled In	stitution		
x new continuation		Revision	C. Municipal		nigher learning/:			
If revision, enter appropriate let	ter(s)		D. Township	J. Pri	ivate University	Dr		
in boxes:			E. Interstate		dian Tribe /	TEON		
A. Increased Award B. Decrea	sed Award		F. Intermural		ofit Insitutiøn	CIVA		
C. Increase Award D. Decreas	se Duration		G. Special District	M. O	ther: MPØ	JUN		
Other (specify):			D. Township E. Interstate F. Intermural G. Special District M. Other: MPO STATE CLEARING HOUSE 11. Descriptive title of applicant project:					
10. Catalog of federal domestic			9. Name of federal Age	ncy:		EARING		
assistance number: 20.500			Federal Transit Administration					
Section 5309 Capital Program			11. Descriptive title of a	ipplicant projec	t:	OOF		
12. Areas affected by project:			FY 2005 Capital Improvements -					
San Francisco, San Mateo ar	nd Santa Clara Co	unties				vers		
			Systemwide Track Rehabilit					
13. Proposed Project	I	li li		Security Enh		4 Danis -4		
Start Date:	End Date:		1	ul Locomotive	ty Improvement	. Project		
4/4/2003	4/30/2009			n Maintenance				
15 Estimated Funding		,,,	4	to ADA Cross	-			
15. Estimated Funding a. Federal	¢41 020 220	14 Congres	ssional Districts of:	10 /10/1 01000	1119			
	Ψ41,929,230			D. Droipet				
b. Applicant		a. Applicar		B. Project	40 44 45 0 4	10		
c. State	£40,400,000	8, 12, 13, <i>1</i>	14, 15 & 16	8, 12	2, 13, 14, 15 & 1	O		
d. Local f. Program Income	\$10,482,308	16 le appli	cation subject to review	hy state execut	tive 12372 proces	ss? Yes		
e. Other			preaplication/application			,		
g. TOTAL	\$52,411,538	ı	cutive order 12372 proce					
17. Is the applicant delinquent Date:			6/24/05					
on any federal debt? b. No			│Program is not covere	d by E.). 12372	!			
Yes.(attach an explanation) or			or program has notbe	en selected by	state for review			
x No.								
18. To the best of my knowled								
The document has been duly a			dy of the applicant and	the applican	t will comply			
with the attached assurances if		ded.	I. Tu	1. =	Janhana Niveri			
a. Typed Name of Authorized Represer Michael J. Scanlor			b. Title Executive Director	1	elephone Numbe) 508-6221	эг. 		
d. Signature of Authorized repre	esentative	e)		e. Da	ate Signed	5		

APPLICATION FOR				OMB Approval No. 0348-0		
FEDERAL ASSISTANCE		2. DATE SUBMITTED June 10, 2005		Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	SY STATE	State Application Identifier		
Application	Preapplication					
Construction	Construction	4. DATE RECEIVED B	BY FEDERAL AGENCY	Federal Identifier		
✓ Non-Construction 5. APPLICANT INFORMATION	Non-Construction		<u> </u>			
Legal Name:	.		Organizational Unit:			
County of Tulare				District Attorney		
Address (give city, county, Stat	e, and zip code):		· ·	number of person to be contacted on matters invo		
221 So. Mooney Blv Visalia, CA 93291	d. Rm. 224		this application (give a	e (559) 624-1054		
	DALAHIRADED /E/A/).		7 TYPE OF APPLICA	ANT. (autor appropriate letter in boy)		
6. EMPLOYER IDENTIFICATION	0 5 4 5		A. State	ANT: (enter appropriate letter in box) H. Independent School Dist.		
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning		
	□ ctiti	Revision	C. Municipal	J. Private University		
✓ Ne	w Continuation	Revision	D. Township	K. Indian Tribe		
f Revision, enter appropriate le	tter(s) in box(es)		E. Interstate	L. Individual		
			F. Intermunicipal	M. Profit Organization		
		e Duration	G. Special District	N. Other (Specify)		
D. Decrease Duration Other	(specify):		9. NAME OF FEDERA	AL AGENCY:		
			USDA			
10. CATALOG OF FEDERAL D	OOMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:		
		1 0 — 7 6 6	Mobile Agricultur	ral Surveillance Tower *(M.A.S.T.)		
TITLE: Community	Facilities Grant Applica	ation				
12. AREAS AFFECTED BY PR						
	ioca i (chico, coamico, chi	4,00, 0,0.,				
Tulare County 13. PROPOSED PROJECT	14. CONGRESSIONAL DI	ISTRICTS OF:				
Start Date Ending Date	a. Applicant 19, 2	n 21	b. Project	10.20.21		
7/1/05 6/30/06	19, 2	U, Z I	19,20, 21 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
15. ESTIMATED FUNDING:			ORDER 12372 PF			
a. Federal	\$	00				
	The state of the s	23,681		APPLICATION/APPLICATION WAS MADE		
o. Applicant	ECEIVED	7,894		E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:		
s. State	JUN 2 0 2005	.00	DATE	06/10/05		
i. Local	5\$1, -	.00	L No C DD0005	AM IC NOT COVERED BY F. O. 42272		
e. Other STA	TE CLEARING HOUSE	.00		AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE VIEW		
. Program Income	\$	0.00		NT DELINQUENT ON ANY FEDERAL DEBT?		
TOTAL	\$	00				
. TOTAL	Ψ	31,575 ·	Yes If "Yes,"	attach an explanation. 🗸 No		
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	OVERNING BODY OF TH	CATION/PREAPPLICAT HE APPLICANT AND TH	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF				c. Telephone Number		
. Type Name of Authorized Re	presentative	b. Title District Attorney		(559) 733-6411		
		, _ , _ , , , , , , , , , , , , , , , ,				
Phil Cline	esentative			e. Date Signed		
Phil Cline I. Signature of Authorized Representation (Sable Previous Edition	esentative			e. Date Signed 6-/3-0-5 Standard Form 424 (Rev. 7-97)		

APPLICATION FOR		F			Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED 06/13/2005		Applicant Ider	tifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational Unit	•	
Vista Community Clinic			Department: Maternal and Child H	lealth	
Organizational DUNS:			Division:	ICAITT	
073383754 Address:			N/A	e number of ne	rson to be contacted on matters
Street:			involving this appli		
1000 Vale Terrace			Prefix: Ms.	First Name: Barbara	
City: Vista			Middle Name		
County: San Diego			Last Name Mannino		
State: CA	Zip Code 92084		Suffix:		
Country: USA			Email: barbara@vistacomm	nunityclinic.org	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)
9 5 - 2 8 1 5 6 1 5			(760) 631-5000 x 4		(760) 414-3701
8. TYPE OF APPLICATION:		· · · · · · · · · · · · · · · · · · ·	7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
If Revision, enter appropriate letter		n Revision	O. Not for Profit Orga	anization	
(See back of form for description		П	Other (specify)		
Other (specify)			9. NAME OF FEDER Administration for Ch	AL AGENCY: nildren and Fami	lies
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE T	ITLE OF APPLI	CANT'S PROJECT:
		9 3 - 5 7 1	Habitos Sanos		
TITLE (Name of Program): Community Food and Nutrition F	Program - Discretionary (
12. AREAS AFFECTED BY PRO			-		
North San Diego County, CA					
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:
Start Date: 10/1/05	Ending Date: 9/30/06		a. Applicant 49		b. Project 49
15. ESTIMATED FUNDING:	1		16. IS APPLICATION	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372 PROC		J/APPLICATION WAS MADE
	THE CONTROL OF THE CO	50,000	a. Yes. 🔼 AVAILAE	BLE TO THE ST	ATE EXECUTIVE ORDER 12372
b. Applicant \$	ECEIVED) 312,480	PROCES	SS FOR REVIEV	V ON
c. State \$	Bassess Level Bastern H V Housean March	0	DATE: 6	6/13/05	
d. Local \$	JUN 2 0 2005	0 .00	b. No. PROGRA	AM IS NOT COV	/ERED BY E. O. 12372
e. Other \$	TE OLEADING HOLL	0.00	OR PRO		T BEEN SELECTED BY STATE
f. Program Income	TE CLEARING HOU	0.	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		362,480 ·	Yes If "Yes" attac	h an explanatior	n. 🗷 No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF,	ALL DATA IN THIS APP	LICATION/PREAPPL	ICATION ARE 1	RUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE (GOVERNING BODY OF T	THE APPLICANT AND	THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative	First Name		k x: J - 11 -	Nome	
Prefix Ms.	Barbara			Name 	
Last Name Mannino			Suffix		
b. Title Executive Director			(760)	ephone Number 631-5000 x 4	(give area code)
d. Signature of Authorized Repre	sentative burbon	Menin	e. Dat 6/13/0	e Signed 05	-

			,			Version 7/03
APPLICATION FOR FEDERAL ASSISTANCE	= '	2. DATE SUBMITTED,	15 35	Applicant Ident	ifier	
	_	3. DATE RECEIVED BY	5-15-06 STATE	State Application	on Identifier	-:
1. TYPE OF SUBMISSION: Application	Pre-application					
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identifi	er .	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION	1		Organizational U	nit.		
Legal Name:			D	_		
Food for	Prople, luc			Food Ba	<u> </u>	
Organizational DUNS:	3213		Division:	Pautry		
Address:			Name and teleph	one number of per	rson to be contacted o	n matters
Street:	- Company of the Comp		Prefix: 3	plication (give area	i code)	
307 (1)	111th Stroet	ten/ED	MS.		NIL	
City: 12 vice 100			Middle Name -) ,	•	
County: 1		V 2 V 2005	Last Name	1000		
Humbolo	+ 1 30	1 - 2003	Suffix:	Comp		
State: CA	Zip Code	ENDING HOUSE	Sullix,			
Country: 110 A	OTALL	PERMINOTIONE	Email:	3 poduc	of Good Show	,
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (g		Fax Number (give area	code)
			727 1140	7111	717 445-1	5946
94-2772546 8. TYPE OF APPLICATION:	1		7. TYPE OF APP	LICANT: (See back	of form for Application	Types)
	w 🗓 Continuation	n 🛚 Revision		-1		
If Revision, enter appropriate le	tter(s) in box(es)	n E Kevision	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yof Profi	+	
(See back of form for description	n of letters.)		Other (specify)	•		
Other (specify)			9. NAME OF FED	ERAL AGENCY:		
				of ABOLE	CANT'S PROJECT:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	_	-		,
		93-571	Boildu	ng Paintr	y Hetwor	rk
TITLE (Name of Program):		•		, \	•	
12. AREAS AFFECTED BY P	ROJECT (Cities, Countie	s, States, etc.):	- Capai	444		
Humbolo		¹ <i>I</i> ∕I	,	•		
13. PROPOSED PROJECT	it covery, c			ONAL DISTRICTS		
Start Date:	Ending Date:	\sim	a. Applicant		b. Project	
15. ESTIMATED FUNDING:	9-30-	06	16. IS APPLICAT	ION SUBJECT TO	REVIEW BY STATE E	XECUTIVE
15, ESTIMATED FUNDING;		00	ORDER 12372 PI	OCESS3		
a. Federal	\$ 50,000.00		a. IES. ME AVAI	LABLE TO THE ST.	VAPPLICATION WAS N ATE EXECUTIVE ORD	ER 12372
b. Applicant	\$	- 00	PRO	CESS FOR REVIEW	N ON	
	•		DATI	E: 6-16-0	5	
c. State				. **	J	
d. Local	\$.	-00	[D. 140. LLJ		/ERED BY E. O. 12372	
e. Other	\$.	. 00	ORF	ROGRAM HAS NO	T BEEN SELECTED B	Y STATE .
(0)	r	700	17 IS THE APPL	REVIEW	NT ON ANY FEDERAL	DEBT?
f. Program Income	3	•			,	
g. TOTAL	\$ 50,000.			ittach an explanation		
18. TO THE BEST OF MY KN	OWI EDGE AND BELLE	F, ALL DATA IN THIS AF	PLICATION/PREA	PPLICATION ARE	TRUE AND CORRECT	THE
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE	E GOVERNING BOOT OF	THE APPLICANT	AND THE APPLICA	ANT WILL COMPLY WI	THIHE
ATTACHED ASSURANCES II a. Authorized Representative	THE ASSISTANCE IS	AWARDED.				
Prefix	First Name Ann	s	M	iddle Name		
Last Name	T UW	<u> </u>	S	uffix		
Holcomk)			Telephone Number	(dive area code)	
b. Title Executive	Director		c.	707-445	(give area code) 5 - 3 (66	
d. Signature of Authorized Rep		nest-	e.	Date Signed	16-05	
Previous Edition Usable	MARC 14016	nco		<u> </u>	Standard Form 424	(Rev.9-2003)
Authorized for Legal Reproduc	tion			•	Prescribed by OMB (Circular A-102

APPLICATION FOR						Vei	rslan 9/03
FEDERAL ASSISTAN	ÇE		2. DATE SUBM	ITTED	TED Applicant Identifier		_
V V			06/18/2005				
1. TYPE OF SUBMISSION:			3. DATE RECE	IVED BY STATE	State App	olication identifier	
Application	Preapp						
Construction		struction	4. DATE 教育CE	VED BY FEDERAL AGENC	Y Federallo	dentifier	
✓ Non-Construction	Nor	-Construction					
5. APPLICANT INFORMATION				Organizational Unit:		· ·	
* Legal Name: Nihonmachi Leg	al Outre	ach D.	CFIVED	Department: API L	egal Outreach		
* Organizational DUNS:	170042	A R Section	August W Harnes Breeze	Division:			
Address:		Jt.	IN 2 0 2005			on to be contacted on metters in	volving
* Street1: 1188 Franklin Street,	Suite 20)2	CLEARING HOU	this application (give er	ea code)		
Street2:		SIAIE	CLEARING TOO	Prefix; Mr.	Firat Name:	Dean	
* City: San Francisco		County San F	rancisco	Middle Name: Ito			
* State: CA ZID Co	nde: 941	109-6852 + C	ountry USA	* Last Name; Taylor		1.	
6. * EMPLOYER IDENTIFICATION			January Control	Suffix:		gapllegaloutreach.org	
94-2583284		(<i>\\-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	÷	* Phone Number (give a	rea code)	Fax Number (give area code)	
B. TYPE OF APPLICATION:		······································			N. (2)	415/567-6248	
New Continuatio	n 🗆	Revision		7. * TYPE OF APPLICA Other (specify)	INT: Sation (O	ther then institution of F	
If Revision, enter appropriate letter(s)		_		Cinta (Spr.city)			
A. Increase Award B. Decrease Award C. Increase Duration			9. * NAME OF FEDERA	L AGENCY:			
D. Decripese Duration Other (specify):			Aba	Administration for Child		es ·	
10. CATALOG OF FEDERAL DOM	ESTIC A	ASSISTANCE	93.570				
TITLE: Community Services Block G	rant Disc	cretionery Awards		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
45%				Asian EITC Collaborativ	/ e		
12. AREAS AFFECTED BY PRO. San Francisco Alameda & Contra C	_	(Cilias, Counties, States	s, e(o.):				
Contract Alameda & Contract	.0518 CO	unties					
13. * PROPOSED PROJECT:				14. • CONGRESSIONA	L DISTRICTS	OF:	
* Start Date		* Ending Date		* a. Applicant		* b. Project	
01/01/2006		12/31/2008		89	-	CA 08, 09, 10, 13	
15. * ESTIMATED FUNDING:				18. IS APPLICATION S	JBJECT TO R	EVIEW BY STATE EXECUTIV	
a. Federal	s	50,00	00.00	ORDER 12372 PROCES	SS7		
* b. Applicant	5.		0.00	THE STATE EXECUTIVE	CATION/APPLIC ORDER 12372	ATION WAS MADE AVAILABLE? PROCESS FOR REVIEW ON:	ſΟ
* c. State	*		0.00	— ✓ YES DAT	E 06/18/	2005	
* d. Local	\$	•	0.00	b. PROGRAMIS	NOT COVERE	D BY E.O. 12372	
* e. Other	s	88,29	94.00	☐ OR PROGRAM	MHAS NOT BEI	EN SELECTED BY STATE FOR R	REVIEW
f. Program Income	\$		0.00			ON ANY FEDERAL DEBT?	
g. TOTAL	\$	138,29	4.00	Yea If "Yes," at			No
18. " TO THE BEST OF MY KNOWLEDGE AN GOVERNING BODY OF THE APPLICANT ANI	D BELIEF	, ALL DATA IN THIS , PLICANT WILL COM	APPLICATION/PREAPPLI				
a. Authorized Prefix: Mr.			ean	7712 7001012	AVARDE	D.	
Representative	Гяуlor	D. Tarrie.		Middle			
* b. Title: Executive Director			₹c Tel	ephone Number (give area c		uffix:	
* Email; dit@apilegaloutreach.org	-			imber (give area code):	<u></u>		
d. Signature of Authorized Represents	ative,	Camala			415/56		
	A11 V G ,	Comple	ted on submission to	Granta.gov e. Date S	Signed: Comp	pleted on submission to Grants	.gov

APPLICATION FOR			_			Version 9/0	
FEDERAL ASSISTAN	CE		2. DATE SUBM	ITTED	Applican	Applicant Identifier	
			06/17/2005				
1. TYPE OF SUBMISSION:	_		3. DATE RECE	VED BY STATE	State Ap	plication Identifier	
Application	Preapp		06/17/2005				
Construction		struction		1000000000000000000000000000000000000	ta en di	1919:	
✓ Non-Construction	Non	-Construction					
5. APPLICANT INFORMATION				Organizational Unit:			
" Legal Name: California State	Universi	ty Bakersfield, Found	dation	Department: Finance	e and Accou	unting	
* Organizational DUNS:	01758	231		Division: Busine	ss and Publ	ic Admin.	
Address:		HECEN	/ED	\n			
* Street1: 9001 Stockdale High	wav.	11 (N. 9. r)	2005	this application (give area	code)	on to be contacted on matters involving	
Street2:	+	JUN 2 U	7005	Prefix: Mr. ^ A	irst Name:	James	
		STATE (MEADIN	CHOUSE	Middle Name:	-		
		STATE CLEARIN	G HOUSE	Last Name: Patten	1		
	ode: 933		try USA		Emeil: [pa	tten@caub.edu	
6. " EMPLOYER IDENTIFICATION	NUMBE	R (EIN):		* Phone Number (give are	L	Fax Number (give area code)	
95-2643086				(661) 654-2339		(661) 654-6697	
8. TYPE OF APPLICATION:				7. " TYPE OF APPLICAN	T; atlon (O		
✓ New ☐ Continuation	n [Revision				·	
If Revision, enter appropriate letter(s) in box(e	6)			· 11	h.	
A. Increase Award B. Decrease Award	C. Inc	rosse Duration	416	9. NAME OF FEDERAL	AGENCY:		
D. Decrease Duration Other (specify):		·		Administration for Children	and Famili	eş	
10. CATALOG OF FEDERAL DOM	ESTIC A	SSISTANCE	93.570	11. * DESCRIPTIVE TITL	E OF ADDI	ICANTIC PROJECT	
TITLE: Community Services Block G	rant_Disc	retionary Awards		II			
12. * AREAS AFFECTED BY PRO	15.O.T	v. 2		Project	undation Co	mmunity Services Block Grant	
Bakersfield, Kern, California	JEC I	(Citias, Countres, States, etc.)	ľ				
Salara Sa							
13. * PROPOSED PROJECT:				14. * CONGRESSIONAL I	DISTRICTS	OF:	
- Start Date		* Ending Date		* a. Applicant		~ b. Project	
01/01/2006		05/16/2006		22		22	
15. * ESTIMATED FUNDING:				15 IS ABBLICATION OU			
a. Federal	\$	50,000.0	0	ORDER 12372 PROCESS	STECTION	REVIEW BY STATE EXECUTIVE	
b. Applicant	s	0.00		a. YES. THIS PREAPPLICA	TION/APPLIC	CATION WAS MADE AVAILABLE TO	
* c. State	s [─ 1		PROCESS FOR REVIEW ON:	
* d. Local		0.00		YES DATE			
	\$	0.00	2	b. PROGRAM IS N	OT COVERE	D BY E.O. 12372	
e. Other	\$	0.00		OR PROGRAM	AS NOT BE	EN SELECTED BY STATE FOR REVIEW	
f. Program Income	\$	0.00		17. IS THE APPLICANT DI	ELINQUENT	ON ANY FEDERAL DEBT?	
J. TOTAL	\$	10 a 3 %		Yes If "Yes," attac			
A. TO THE BEST OF MY KNOWLEDGE AN	D BELIEF,	ALL DATA IN THIS APPL	ICATION/PREAPPLI				
				D ASSURANCES IF THE ASSISTANC	E IS AWARDE	D.	
Reprosentative		First Name: Micha	el	Middle Na	me		
b. Title: Executive Director	Chertok	<u></u>				uffix:	
Email; mchertok@csub.edu				ephone Number (glve area cod	e): (661) 6	54-2136	
			Fax Nur	mber (give area code):	(661) 6	54- 3133	
. Signature of Authorized Represent	ative:	Completed o	o) nolsaimdus no	Grants.gov e. Date Sig	ned: Com	pleted on submission to Grants dov	

g. TOTAL	* <u> 50,000</u>	<u></u>				ALENDEIZED	DV THE
18. * TO THE BEST OF MY KNOW! GOVERNING BODY OF THE APPL	EDGE AND BELIEF, ALL DATA IN THIS	S APPLICATION PREAPPL MPLY WITH THE ATTACH	ICATION ARE TRUE AP ED ASSURANCES IF TO	ND CORRECT. THE DC HE ASSISTANCE IS AV	VARDED.	N DULY AUTHORIZED	BI IIIL
a. Authorized Prefix:	First Name:	Brenda		Middle Name	R.		
Representative Last N	ame: Tremble	<u> </u>			Suffix:		
		7 ° c. T	elephone Number (give area code):	(850) 438	-4021, ext.] 18
	<u>Director</u>	Fax N	Number (give area	code):	(850) 43	8-0121	
'Email: marilyn@ca	oc-pensacola.org	notes childristien	.,,		_ <u></u>	Colombian to Cit	enis nov
d Signature of Authorized R	enrescritative:	iotes cyllidatistica	to Orange gov	e. Date Signed	Tune 19	,‱ 2065 0n to Gra	J. (25.25)

Previous Edition Usebić

Standard Form 424 (Rev. x-xx) Prescribed by OMB Circular A-102

d. Signature of Authorized Representative:

Mighin ploted of Milly is tion to Chanta gov.

APPLICATION FOR FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION: Application Construction Non-Construction Non-Construction Non-Construction Legal Name: 2. DATE SUBMITTED 5/12/05 Applicant Identifier 5/12/05 State Application Identifier 95004 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Federal Identifier Federal Identifier					
FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION: Application Construction Non-Construction Non-Construction S. APPLICANT INFORMATION State Application Pre-application Construction Non-Construction S. APPLICANT INFORMATION State Application Pre-application 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Federal Identifier					
1. TYPE OF SUBMISSION: Application Construction Non-Construction Non-Construction S. APPLICANT INFORMATION 3. DATE RECEIVED BY STATE State Application Identifier 95004 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier 5. APPLICANT INFORMATION	4804				
Construction Non-Construction Non-Construction 5. APPLICANT INFORMATION Construction ADATE RECEIVED BY FEDERAL AGENCY Federal Identifier	+004				
Non-Construction Non-Construction 5. APPLICANT INFORMATION					
the transfer of the state of th					
County of Ventura Department: County Executive Office	- 4.				
	Division: Regional Development Division				
Address: STATE CLEARING Name and telephone number of person to be contacted on more street: Street:	, marcura				
800 South Victoria Avenue Prefix: First Name: Christy					
Filst Name. Officery					
City: Ventura Middle Name					
County: Ventura Last Name Madden					
State: CA Zip Code 93009 Suffix:					
Country: USA Email: christy.madden@ventura.org					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95- 6000944 805-654-2679 805-654-5106					
8. TYPE OF APPLICATION: 7. TYPE OF APPLICANT: (See back of form for Application Type County)	pes)				
NewX Continuation Revision Other (specify)					
(Coo book of form for description of letters)	lousing and				
Other (specify) 9. NAME OF FEDERAL AGENCY: U.S. Department of H Urban Developr	ment				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
TITLE (Name of Program): 14.218 Ventura County FY 2005-06 Annual F	Plan-				
12. AREAS AFFECTED BY PROJECT (Citles, Counties, States, etc.): Ventura County, Fillmore, Moorpark, Olai, Port Hueneme, Santa Paula	Community Development Block Grant Program				
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:					
Start Date: 7/1/05 Ending Date: 6/30/06 a. Applicant 23 rd and 24 th b. Project 23 rd an					
15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTED PROCESS?	CUTIVE ORDER				
a. Federal \$2,317,072 X THIS PREAPPLICATION/APPLICATION WAS MA	ADE				
AVAILABLE TO THE STATE EXECUTIVE ORDER 123	372 PROCESS				
FOR REVIEW ON					
d. Local \$	E FOR REVIEW				
f. Program Income \$ 425,300	EBT?				
g. TOTAL \$2,742,372 . ⁶⁰ Yes if "Yes" attach an explanation.					
19 TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRE	CT. THE				
18' 10 HIL DEST OF MIT MICHAELPOE WIND DECICL INTERMINENT AT LINE AND THE PROPERTY OF THE PROP	Y WITH THE				
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPETE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative					
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPET ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name John Middle Name					
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPET ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name John Suffix	E4 2604				
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPETE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name John Suffix b. Title County Executive Officer c. Telephone Number (give area code) 805-6					
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPETE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name John Suffix b. Title County Executive Officer c. Telephone Number (give area code) 805-654-510					
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPETE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name John Suffix b. Title County Executive Officer C. Telephone Number (give area code) 805-6					

4 D D							Version 9/03		
APPLICATION FOR		•	2. DATE SUBI	MITTED		plicant lo	dentifier		
FEDERAL ASSISTAN	CE			7			A CONTRACTOR OF THE PROPERTY O		
1. TYPE OF SUBMISSION:			3. DATE REC	EIVED BY STATE		State Appli	cation loentifier		
Application	Preapplic	ation		7		lr	RECEIVED		
Construction		truction	<u> </u>	<u> </u>		1	The state of the s		
✓ Non-Construction		Construction					JUN 1 7 2005		
5. APPLICANT INFORMATION	<u> </u>	***	4	Organizatio	onal Unit:	J	STATE OF EARTH		
* Legal Name: State of Califor	nia		1100 11	Department:	Departm	ent of Fish a	STATE CLEARING HOUS		
* Organizational DUNS:	8083223	58	and the state of t	Division:	NCNCR	and the second s			
Address:					lephone numi		to be contacted on matters involving		
* Street1: 1416 Ninth Street							1 11		
Street2:				Prefix: Mr	i	rst Name: N	Veil		
* City: Sacramento	- I c	ounty Sacramer	nto	Middle Name	ļ				
				* Last Name	: Manji	graph halo employed and			
<u> </u>	Code: 9581		ntry USA	Suffix:	. * [Email: nman	nji@dfg.ca.gov		
6. * EMPLOYER IDENTIFICATION NUMBER (EIN):			* Phone Nurr	ber (give area	code) F	ax Number (give area code)			
94-1697567				(530) 225-23	06		530) 225-2381		
8. TYPE OF APPLICATION:				7. * TYPE OF	F APPLICAN	r: Sta	ate Government		
✓ New ☐ Continuati	I	Revision							
If Revision, enter appropriate letter				2 - NAME C	FEDERAL	- OTNOV	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
A. Increase Award B. Decrease Awar D. Decrease Duration Other (specify):	d C. Inci	rease Duration			of FEDERAL		- No for American		
			Proceedings 1 100	National Oce	anic and Atm	ospheric Aui	ministration		
10. CATALOG OF FEDERAL DO			11.405	11. * DESCR	NPTIVE TITL	E OF APPLIC	CANT'S PROJECT:		
TITLE: Anadromous Fish Conserva	ition Act Pro	ogram			Salmon and steelhead research, management and enhancement project. This project provides data for the management of salmon and steelhead fisheries in the ocean and Klamath River Basin. 14. * CONGRESSIONAL DISTRICTS OF:				
12. * AREAS AFFECTED BY PR	OJECT	(Cities, Counties, States,		1 1					
Statewide			1						
				11 - 0010					
13. * PROPOSED PROJECT:				14. * CONG	RESSIONAL	DISTRICTS	OF:		
* Start Date		* Ending Date		* a. Applicar	nt		* b. Project		
07/01/2005		06/30/2006	***************************************	3			Statewide		
15. * ESTIMATED FUNDING:							EVIEW BY STATE EXECUTIVE		
* a. Federal	5	277,179.	.00)	72 PROCESS		ATION MAC MADE AVAILABLE TO		
* b. Applicant	\$	277,179.	.00				ATION WAS MADE AVAILABLE TO PROCESS FOR REVIEW ON:		
* c. State	\$	0.	.00	✓ Y	'ES DATE				
* d. Local	\$	0.	.00	b. [] P	ROGRAM IS N	OT COVERE	D BY E.O. 12372		
* e. Other	\$	0.	.00]		R PROGRAM	HAS NOT BEE	EN SELECTED BY STATE FOR REVIEW		
* f. Program Income	\$	0.0	.00	17. IS THE A	PPLICANT D	ELINQUENT	ON ANY FEDERAL DEBT?		
g. TOTAL	\$			Yes	If "Yes," atta	ch an explan	nation. No		
18. * TO THE BEST OF MY KNOWLEDGE GOVERNING BODY OF THE APPLICANT A	AND BELIEF, AND THE APP	ALL DATA IN THIS API PLICANT WILL COMPLY	PLICATION/PREAF Y WITH THE ATTA	PPLICATION ARE TRUE CHED ASSURANCES IF	AND CORRECT. THE ASSISTANC	THE DOCUMEN E IS AWARDED	NT HAS BEEN DULY AUTHORIZED BY THE D.		
a. Authorized Prefix: Mr. Representative * Last Name:	Koch	First Name: Don			Middle N		uffix:		
* b. Title: Regional Manager, NC		: 111.00 (0.110.	1*^	Telephone Number	laive area con		25-2363		
* Email: DKoch@dfg.ca.gov				Number (give area	-	<u></u>	225-2381		
d. Signature of Authorized Represe	antativo:	Capalete	W	n to Grants.gov					
a. Digitatare of Mathonized Represe	intative.	Complete	O MERIODISSIO	in to unamation	e. Date Si	gnea. Song	pleted on submission to Grants.gov		

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED June 17, 2005		. pplicant Iden	titier	
1. TYPE OF SUBMISSION:	D	3. DATE RECEIVED BY	STATE	State Application Identifier		
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier	
☐ Construction ☑ Non-Construction	☐ Construction ☐ Non-Construction					
5. APPLICANT INFORMATION						
Legal Name:			Organizational Unit:			
Coastside Health Committee			Department: N/A			
Organizational DUNS: 36-323-240			Division: N/A			
Address:					rson to be contacted on matters	
Street: P.O. Box 781			involving this applic	First Name:	a code)	
0.1			Ms. Middle Name	Maureen		
City: Half Moon Bay			Hill	WINE		
County: San Mateo			Last Name Perron			
State: CA	Zip Code . 94019		Suffix:			
Country: USA			Email: omperron@comcast.	net		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give a		Fax Number (give area code)	
94-2956085	_		650-573-3947		650-726-2726	
8. TYPE OF APPLICATION:	4		7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)	
☑ Nev		n 🔲 Revision	0			
If Revision, enter appropriate lett (See back of form for description	ter(s) in box(es) of letters.)	П	Other (specify)			
Other (specify)			9. NAME OF FEDER Administration for Ch 11. DESCRIPTIVE T Coastside Family Life	AL AGENCY: ildren and Fami	lies	
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE T	TLE OF APPLI	GANT'S PROJECT:	
		9 3 - 5 7 1	Coastside Family Life	estyle Program	EPPENVE	
TITLE (Name of Program): Community Food and Nutrition	Program				CLIVED	
12. AREAS AFFECTED BY PR		s, States, etc.):	-	JU	N 1 7 2005	
Half Moon Bay, San Mateo Cuc	onty, CA			STATE	2005	
13. PROPOSED PROJECT	· · · · · · · · · · · · · · · · · · ·	**************************************	14. CONGRESSION	AL DISTRICTS	FARING HOUSE	
Start Date:	Ending Date: 9-30-2006		a. Applicant 14th		b Project 100SE	
10-1-2005 15. ESTIMATED FUNDING:	9-30-2006			SUBJECT TO	REVIEW BY STATE EXECUTIVE	
- In		00	ORDER 12372 PROC		WARRI CATION WAS MARE	
a. Federal \$	48,		AVAILAE	SLE TO THE ST	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$	37,	093	PROCES	SS FOR REVIEW	VON	
c. State \$			DATE: J	une 17, 2005		
d. Local \$. 00	b. No. 🔲 PROGRA	AM IS NOT COV	ERED BY E. O. 12372	
e. Other \$.00	OR PRO		T BEEN SELECTED BY STATE	
f. Program Income \$.00			NT ON ANY FEDERAL DEBT?	
g. TOTAL \$	85,	986 [.]	☐ Yes If "Yes" attac	h an explanatior	n. 🛮 🗷 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPL THE APPLICANT AND	CATION ARE 1 THE APPLICA	TRUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative			I			
Prefix Ms.	First Name Maureen		Middle Hill	Name		
Last Name Perron			Suffix -			
b. Title President			c. Tele 650-5	ephone Number 73-3947	(give area code)	
d. Signature of Authorized Repre	esentative / POR	i stan		e Signed 15, 2005		

FEDERAL ASSISTAN	ICF)	2. DATE SUBMITT	ED Applic			cant le	dentifier	1
TEDERAL AGGIGIAN									
1. TYPE OF SUBMISSION:			3. DATE RECEIVE	D BY STATE		State	Appli	ication Identifier	1
Application	Preapplic]
Construction		truction	4. DATE RECEIVE	D BY FEDERA	LAGEN	ICY Fede	ral lo-	nadher	
✓ Non-Construction	Non-	Construction							
5. APPLICANT INFORMATION				Organizati	onal Un	iit:			
* Legal Name: Cal Poly Pomo	na Founda	ition, Inc.		Department: Community Service-Learning					
* Organizational DUNS:	0289294	38		Division:					
Address:			·	Name and telephone number of person to be contacted on matters involving this application (give area code)				olving/	
* Street1: 3801 West Temple A	venue			Prefix: Dr.	9.00	* First Nar	ne. [Hollie	
Street2:				Middle Name	a. [] I mot ival			
* City: Pomona	C	ounty Los Ange	les	* Last Name		•			
* State: CA * Zip C	ode: 9176	88-2557 * Coun	try USA	Suffix:	. Luna		hlunc	d@csupomona.edu	
6. * EMPLOYER IDENTIFICATIO	N NUMBE	R (EIN):		* Phone Num	ber (aiv			Fax Number (give area code)	
95-2417645			Contract and the contract contract contract and the contract contr	(909) 869-42				909) 869-4515	
8. TYPE OF APPLICATION:			RECEI	7/1TYPE OF	APPLI	CANT: 9-Co	ontrolle	ed Institution of Highe	
New Continuati	on 🗍	Revision		Other Ispecif		L			
If Revision, enter appropriate letter(s) in box(e	5)	JUN 1 7	2005					
A. Increase Award B. Decrease Award C. Increase Duration				9. * NAME O	1				
D. Decrease Duration Other (specify):			STATE CLEARI	G3HBbBE	nt of Ho	ousing and U	rban D	Development	
10. CATALOG OF FEDERAL DO	MESTIC A	SSISTANCE	14.514	11. * DESCR); RIPTIVE	TITLE OF A	PPLIC	CANT'S PROJECT:	
TITLE: Hispanic-Serving Institution	s Assisting	Communities						dership and Entrepreneurship	
				Among Pomona's Youth					
12. * AREAS AFFECTED BY PRO		(Cities, Counties, States, etc	.): 						
Pomona, CA; Los Angeles Count	У								
13. * PROPOSED PROJECT:				14. * CONGRESSIONAL DISTRICTS OF:					
* Start Date		* Ending Date		* a. Applicar	nt			* b. Project	
11/01/2005		10/31/2008		38				38	
15. * ESTIMATED FUNDING:				1			TO R	EVIEW BY STATE EXECUTIV	/E
* a. Federal	\$	599,970.	00	ORDER 123			חםו ור	ATION WAS MADE AVAILABLE '	TO
* b. Applicant	\$	327,695.	00					PROCESS FOR REVIEW ON:	
* c. State	\$	0.0	00	✓ Y	'ES	DATE C	6/13/2	2005	
* d. Local	\$	0.1	00	b. 🗌 P	ROGRAI	M IS NOT CO	VERE	D BY E.O. 12372	
* e. Other	\$	0.0	00	c	R PROG	GRAM HAS NO	OT BE	EN SELECTED BY STATE FOR F	REVIEW
* f. Program Income	\$	0.0	00	17. IS THE A	PPLICA	NT DELINQ	UENT	ON ANY FEDERAL DEBT?	
g. TOTAL	\$	927.665.0	00	Yes	If "Yes,	," attach an	explar	nation.	No
(18. * TO THE BEST OF MY KNOWLEDGE GOVERNING BODY OF THE APPLICANT	AND BELIEF AND THE AP	, ALL DATA IN THIS AP PLICANT WILL COMPL`	PLICATION/PREAPPLIC Y WITH THE ATTACHED	ATION ARE TRUE ASSURANCES IF	AND COF	RRECT. THE DO	CUME	NT HAS BEEN DULY AUTHORIZED E D.	SY THE
a. Authorized Prefix:	*	First Name: G.			Mid	idle Name	Paul		
Representative * Last Name:	Storey							uffix:	
* b. Title: Executive Director			* c. Tele	ohone Number	(give are	ea code):	909) 8	69-2951	
* Email: gpstorey@csupomona.e	edu		Fax Num	ber (give area	code):	(909) 8	369-4549	
d. Signature of Authorized Represe	entative:	Completed	d on submission to 0	Grants.gov	e. D	ate Signed:	Com	pleted on submission to Grants	s.gov

APPLICATION FOR					;	Vare	ion 9/03
FEDERAL ASSISTAN	ICE	2. DATE SUBMITT	ED	A	Applicant identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVE	D BY STATE	S	itate Appli	cation identifier	1
Application	Preapplication			L			
Construction	Construction						
✓ Mon-Construction	Non-Construction	1					
6. APPLICANT INFORMATION			Organizations	il Unit:			
* Legal Name: Grant Police De	epartment		Department:	Police Serv	ices		
* Organizational DUNS:	039904271		Division:				
Address:					•	to be contacted on matters inv	gnivio
* Street1: 1333 Grand Aveune			this application				
Street2:			Prefix: Mr.	* First	Name; \	William	
* City: Sacramento	County Sacrame	into	Middle Name:				
*State: CA Zip C	Code: 95838 * Cou	nby USA		Roberts			
6. " EMPLOYER IDENTIFICATION			Suffix:	* Em		berts@grant.k12.ca.us	
64-6002512	H HOHIDER (EHV).		916-288-4870	r (give e/ee co		Pax Number (give area code)	
				DDL IOANT.			
B. TYPE OF APPLICATION: New Continuation	on 🗀 Revision	t	7. TYPE OF A	PPLICANT:	-Controll	ed institution of Higher	
If Revision, enter appropriate letter(₩						
A. Incresse Award B. Decresse Awar	9. NAME OF F	EDERAL AG	ENCY:				
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify);			Community Orie			· · · · · · · · · · · · · · · · · · ·	
10, CATALOG OF FEDERAL DO		-					
TITLE:						CANT'S PROJECT:	
11166.			Web-based Video Surveillance System				
12. * AREAS AFFECTED BY PRO	OJECT (Chies, Counties, States, at	— ₽1;					
Cities, Countles, School Districts							
19. * PROPOSED PROJECT:			14. * CONGRESSIONAL DISTRICTS OF:				
* Start Date	* Ending Date		* a. Applicant			* b. Project	
11/01/2005	09/01/2009		3			3	
16. * ESTIMATED FUNDING:			16 IS APPLICA	TION SURJE	CT TO P	ÉVIEW BY STATE EXECUTIV	 Æ
* a. Federal	s 1,011,085	5.01	ORDER 12372				-
* b. Applicant	s 0	0.00				ATION WAS MADE AVAILABLE TO PROCESS FOR REVIEW ON:	2
* c. State	\$ 0	1.00	✓ YES	DATE	06/13/2	2005	
d. Local	3 1,011,085	3.01	b.	GRAM IS NOT		D BY E.O. 12372	
* e. Other	\$ 0	1.00	☐ OR P	ROGRAM HAG	NOT BE	EN BELECTED BY STATE FOR R	EVIEW
* f. Program Income	3 0	0.00	17. IS THE APP	LICANT DEL	INQUENT	ON ANY FEDERAL DEBT?	
g. TOTAL	5		Yes If	'Yes," attach :	an explan	ation.	No
18. " TO THE BEST OF MY KNOWLEDGE A GOVERNING BODY OF THE APPLICANT A	and belief, all data in this af and the applicant will compl	PPLICATION/PREAPPLICA Y WITH THE ATTACHED A	TION ARE TRUE AND	CORRECT, THE	DOCUMEN	T MAS BEEN DULY AUTHORIZED BY	THE
a. Authorized Prefix: Dr.	* First Name: Lar	ry	V	Middle Nam	e		
Representative Last Name:	Buchanan			<u> </u>	s	uffix:	
* b, Title: Superintendent		" c. Telej	phone Number (gh	ve area code):	918-28	6-4921	
* Email: larrybuchanan@grantk1	2.ca.us	Fax Num	ber (give area co	de):			
d. Signature of Authorized Represe	entative: Complete	ed on submission to (Grants.gov	e. Date Signe	d: Cam	pleted on submission to Grants	 3.gov

APPLICATION FOR				OMB Approval No. 0348-004
FEDERAL ASSISTAN	ICE I	2. DATE SUBMITTED		Applicant Identifier
		June 7, 2005		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
	Preapplication			
	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction	4. DATE RECEIVED Y	2005	
5. APPLICANT INFORMATION				
Legal Name:			Organizational Unit:	
Seneca Healthcare District			Special District	
Address (give city, county State,	and zip code):	and the second later to be the conceptual and the part of the second to the second to the second to the second	Name and telephone n	umber of person to be contacted on matters involving
130 Brentwood Drive	I I I	ECEIVED	this application (give a Rosellen Bonney, (rea code) ,
P.O. Box 737	MC			Grant Writer
Chester, CA 96020			(530) 258 - 3330	1118 1118
6. EMPLOYER IDENTIFICATION		UN 1 7 2005	7. TYPE OF APPLICA	NT: (enter appropriate letter in box)
9 4 1 3 2 2	2 0 0			G
8. TYPE OF APPLICATION:	STATI	E CLEARING HOUS	A. State	H. Independent School Dist.
		- Charles - Char		State Controlled Institution of Higher Learning Delivers I (a) a min.
⊠ New	Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe
If Revision, enter appropriate lett	er(s) in hoy(es)		E. Interstate	L. Individual
The state of the s	u (u) III box(ca)		F. Intermunicipal	M. Profit Organization
A. Increase Award B. Deci	rease Award C. Increase	Duration		N. Other (Specify)
D. Decrease Duration Other (s			C. Opcolar Biguici	14. Other (opecity)
(,		9. NAME OF FEDER	AL AGENCY:
			Rural Developmen	artment of Agriculture
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NI	IMPED		TLE OF APPLICANT'S PROJECT:
TO OKTACOO OF TEBERAL B	TOPIA (CICCA OTTCHING		II, DESCRIPTIVE II	TILE OF AFFLICANT & PROJECT.
	Į	1 0 - 7 6 6		
TITLE:			Emergency Generate	or for Lake Almanor Clinic
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	ites, etc.):	Liner General	or tot black terminer comme
		·		
Chester, Plumas County, Ca	lifornia		-	
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	
07/01/05 09/30/05	Congressional District	: 4	Congressional Di	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 P	ROCESS7
a. Federal	\$	00		
L A - 17		\$36,033	_	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	·		E TO THE STATE EXECUTIVE ORDER 12372
c. State		35,500	PROCESS	S FOR REVIEW ON:
c. State	\$		DATE	
d. Local	_	0.0	H DATE	·
	\$		NA TIPROGR	RAM IS NOT COVERED BY E. 0, 12372
e. Other	\$	oa		GRAM HAS NOT BEEN SELECTED BY STATE
RCDF Loan	•	39,500	FOR RE	
f. Program Income	5	00		1
			17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?
9. TOTAL	\$	a o	-	
		\$111,033		attach an explanation. ⊠ №
18. TO THE BEST OF MY KNO	SWLEDGE AND BELIEF, A	LL DATA IN THIS APPL	CATION/PREAPPLICA	ATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DUL'	Y AUTHORIZED BY THE G	OVERNING BODY OF T	HE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF				
a. Type Name of Authorized Re	presentative	b. Title	0.00	c. Telephone Number
Warren Benicosa		Chief Executi	ve Officer	(530) 258-2067
d. Signature of Authorized Rep	eșentative			e. Date Signed 6/13/65
1/1				41.2107

APPLICATION FOR			Admir De Constitution of the Constitution of t	Applicant Idon	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on Menthier
Application Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier
Non-Construction	Non-Construction				IP VIEW
5. APPLICANT INFORMATION	·		Organizational Ur	it:	
Legal Name:			Department:		
City of Berkeley			Housing Departme	nt	
Organizational DUNS: 076529924				an aumhor of no	reon to be contacted on matters
Address: Street:			involving this app	ilcation (give are	a code)
2180 Milvia Street			Prefix:	First Name: Roger	
City: Berkoley			Middle Name		
County:	## P 4 / V		Last Name Asterno		
Alameda	Zip Code		Suffix:		
State: California	Zip Code 94704		Email:		
Country: USA			rasterino@ci.bark		Fax Number (give area code)
6. EMPLOYER IDENTIFICATION			Phone Number (glv 510-981-5405	we area code;	510-981-5450
94-6000299 B. TYPE OF APPLICATION:	9			ICANT: (See bac	k of form for Application Types)
8. TYPE OF APPLICATION:	w [Continuati	on Revision	Municipal/Local Go		
If Revision, enter appropriate le (See back of form for descriptio	tter(s) in box(es)		Other (specify)	14-01/IIII III III	
			9. NAME OF FED	EDAL AGENCY	
Other (specify)			U.S. Department of	of Housing and Urb	an Development
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:	1 '		CANT'S PROJECT:
		1 4-2 4 6	The Oxford Plaza	and David Brower includes three con	Center is a \$65,000,000 ponents: low-income rental units;
TITLE (Name of Program):			a conference, office	e, and retail buildi	ng; and an underground parking
12. AREAS AFFECTED BY PI	ROJECT (Cities, Countie	es, States, etc.):	garage.		
City					
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS	OF:
Start Date: 08/01/2006	Ending Date: 12/31/2007		a. Applicant Ninth Congression		Ninth Congressional District
15. ESTIMATED FUNDING:				A A A A A	REVIEW BY STATE EXECUTIVE
a. Federal	3	1 000 000 'W	THIS	PREAPPLICATION	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant		4,000,000		ABLE TO THE ST LESS FOR REVIEW	
		2,000,000		June 16,	
c. State		6,434,795			
d. Local		8,260,470	b. No. III PROG	GRAM IS NOT CO	VERED BY E. O. 12372
e. Other	3	43,847,749		ROGRAM HAS NO REVIEW	OT BEEN SELECTED BY STATE
f. Program Income	3	O .	17. IS THE APPL	CANT DELINQUE	NT ON ANY FEDERAL DEST?
g. TOTAL		64,543,014	Yes If "Yes" at	tach an explanatio	n. 😢 No
18. TO THE BEST OF MY KN	OWLEDGE AND BELIE	F. ALL DATA IN THIS AP	PLICATION/PREAP	PLICATION ARE	TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	/ AUTHORIZED BY TH	E GOVERNING BODY OF	THE APPLICANT A	ND THE APPLICA	ANT WILL COMPLY WITH THE
a. Authorized Representative Prefix			Mic	idle Name	
Last Name	First Name Phil		Sur		
Kamlarz					(Allo area gada)
b. Title City Manager			51	"elephone Numbei 0-981-7000	(Bive dust room)
d. Signature of Authorized Rep	esentative	AND RESIDENCE OF THE PROPERTY	Ju	Date Signed ne 15, 2005	
Previous Edition Usable Authorized for Local Reproducti	on	RECEIVE	ED		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102
•					

APPLICATION	FOR FED	ERAL ASSIST	2. DATE SUBMITTED APPLICANT IDENTIFIER 6-16-05					
1. TYPE OF SUBMISSION			3 DATE	RECEIVED BY STATE	STATE APPLICATION IDENTIFIER			
A pplication	Pres	pplication	J. DATE	INCOLIVED BY STATE				
Construction X Non-Construction		Construction Non-Construction	4. DATE AGEN	RECEIVED BY FEDERAL CY	FEDERAL IDENTIFIER			
5. APPLICANT INFORMATIC	N							
Legal Name Center	for C	ommunity	Solution	S. Pre	vention and Education			
Address (Street, County, State	e and ZIP co	ode)		Name and telephone num	ber of person to be contacted			
4508 Mission Ray Dr	ive			on matters involving this a Jessica Towns	pplication (give area code)			
San Diego, CA 9210	99			858-272-5777				
6. EMPLOYER IDENTIFICAT	ION NUMBE	R (EIN)		7. TYPE OF APPLICANT ((enter appropriate letter in box)			
B. TYPE OF APPLICATION X New If Revision, enter appropri	9 5 9 Continuation	n R	evision	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent Sc	State Controlled Institu- tion of Higher Learning Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)			
A. Increase Award C. Increase Duratio E. Other (specify)	n [Decrease Award Decrease Duration		9. NAME OF FEDERAL AC	GENCY			
10. CATALOG OF FEDERAL	DOMESTIC	ASSISTANCE NUM	BER 93 571	11. DESCRIPTIVE TITLE	r Children & Families OF APPLICANTS PROJECT			
Community Services	Block Gr	ant Discretion	nary		Nutrition and Physical			
Title: Awards — Com			-	Fitness Education to Families.				
12 AREAS AFFECTED BY PI		nes, Cournes, Stree	t, etc.)					
13. PROPOSED PROJECT		14. CONGRESSION	NAL DISTRICTS	OF .				
Start Date Ending D		A pplicant		Proje				
10-01-2005 9-30-	-2006	50th			50th			
15. ESTIMATED FUNDING				EXECUTIVE ORDER	JECT TO REVIEW BY STATE 12372 PROCESS?			
a. Federal	50,0	000						
b. Applicant		*		AVAILABLE	PLICATION-APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER			
c. State		-		DATE <u>6-</u>	CESS FOR REVIEW ON			
d. Local	-							
e. Other				OR F	GRAM IS NOT COVERED BY E.O 12372 PROGRAM HAS NOT BEEN SELECTED BY TE FOR REVIEW			
f. Program Income					DELINQUENT ON ANY FEDERAL DEBT?			
g. Total					attach an explanation. X No			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN I THE ATTACHED ASSURA	50.0 DWLEDGE A DULY AUTH ANCES IF TI	AND BELIEF, ALL D. ORIZED BY THE GO	ATA IN THIS APP OVERNING BOD' AWARDED.		ION ARE TRUE AND CORRECT. THE DITHE APPLICANT WILL COMPLY WITH			
a. Type Name of Authorized Re Verna Griffin-				ve Director	c. Telephone Number 858, 272, 5777			
d. Signature of Authorized Kep	esen ative				e. Date Signed			
Previous Editions Usable Authorized Local Reproduct	A.		har have		Standard Form 424 (Rev. 4/92) Prescribed by OMB Circular A-102			

RECEIVED

JUN 1 6 2005

STATE CLEARING HOUSE

APPLICATION FOR						Version 7/03
FEDERIAL ASSISTANCI	E		2. DATE SUBMITTED		Applicant Ident	lifier
1. TYPE OF SUBMISSION:		· -	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Application	Pre-applic		4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identif	ler
Construction	Constr					
Non-Construction 5. APPL CANT INFORMATION	∬ Non <u>-Co</u> N	nstruction				
Legal Name:				Organizational U	Init:	
Marin Conservation Corps				Department:		
Organizational DUNS:			CONTRACTOR OF THE PROPERTY OF	Division:		
186420048			·FI/FD	Name and telen	one number of pe	rson to be contacted on matters
Address: Street:			Rosen II W Beaus Inst	involving this a	plication (give are	a code)
27 Larkspur Street		11.11	1 6 2005	Prefix: Ms.	First Name: Marilee	
City: San Rafael		JUN	1 0 2003	Middle Name	Wallied	
County:		STATE C	LEARING HOUSE	Last Name Eckert		
Marin	Zip Code	OTTO TO	COMMENCE AND THE CONTROL AND ADDRESS OF THE CONT	Suffix:		
State: CA	94901					
Country: USA				Email: meckert@marin	c.org	
6. EMPLOYER IDENTIFICATI	ON NUMBER	R (EIN):		Phone Number (give area code)	Fax Number (give area code)
94-283159	2			415-454-4554 ×	15	415-454-4595
8. TYPE OF APPLICATION:				7. TYPE OF API	PLICANT: (See bac	k of form for Application Types)
₩ N		Continuation	on F Revision	O- Not for Profit	Organization	
If Revision, enter appropriate is (See back of form for description	etter(s) in box on of letters.)	(es)	7	Other (specify)		
Other (specify)			l	Department of H	DERAL AGENCY: ealth and Human Se	
10. CATALOG OF FEDERAL	DOMESTIC	ASSISTAN	CE NUMBER:	11. DESCRIPTIV	E TITLE OF APPL	CANT'S PROJECT:
				Healthy Kids: A	garden-based schoo	ol nutrition project designed to
TITLE (Manager of December)			93-571	engage students	 teachers and pare 	nts in positive relationships with
TITLE (Name of Program): Office of Community Services	; Community	Food and N	utrition Program	healthy diets an	d food choices. The	se project-based learning chools in low-income minority
12. AREAS AFFECTED BY P	ROJECT (C	ties, Countie	es, States, etc.):	communities.	i take place at iive o	
Marin County, California						
13. PROPOSED PROJECT					IONAL DISTRICTS	
Start Date:	Ending 9/30/06	Date:		a. Applicant 6th District		b. Project 6th District
10/1/05 15. ESTIMATED FUNDING:	9/30/00				TION SUBJECT TO	REVIEW BY STATE EXECUTIVE
16. CSTIMATED FORBING:				ORDER 12372 F	ROCESS?	N/APPLICATION WAS MADE
a. Federal	\$		50,000	a. Yes. 🗹 AV	AILABLE TO THE ST	TATE EXECUTIVE ORDER 12372
b. Applicant	\$		0 .	PRO	OCESS FOR REVIE	WON
c. State	\$, 00	DAT	E: 6/16/05	
d. Local	\$		45,730	⊢ pro	GRAM IS NOT CO	VERED BY E. O. 12372
d. Local			35,411 or	D. NO. 11 1		OT BEEN SELECTED BY STATE
e. Other	\$.		0 .00	L. FOR	REVIEW	
f. Program Income	\$		0 .	17. IS THE APP	LICANT DELINQUI	ENT ON ANY FEDERAL DEBT?
g. TOTAL	\$		131,141	Yes If "Yes"	attach an explanatio	on. 🛂 No
18 TO THE BEST OF MY KE	NOWI FDGE	AND BELIE	F ALL DATA IN THIS A	PPLICATION/PREA	PPLICATION ARE	TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES I	Y AUTHORI	ZED BY TH	E GOVERNING BODY O	F THE APPLICANT	AND THE APPLIC	ANT WILL COMPLY WITH THE
a. Authorized Representative					Aiddle Name	
Prefix Ms.	First Nan Marilee	ne				
Last Name Eckert					Suffix	
b. Title Executive Director					:. Telephone Numbe 415-454-4554 x15	r (give area code)
d. Signature of Authorized Re					. Date Signed 6/16/05	
Previous Edition Usable	<u> </u>			L	0, 10,00	Standard Form 424 (Rev.9-2003

APPLICATION FOR FEDERAL ASSISTANCE	•	2, DATE SUBMITTED		Applicant Ide	Version 7/03
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE		ation Identifier
Application	Pre-application				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Ider	diler
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizationa Department:	al Unit:	
American Baptist Homes of the	West		<u> </u>	•	
Organizational DUNS: 07-1	69-1307		Division:		
Address: Street:	V Section Sect		Name and tele	ephone number of p application (give a	erson to be contacted on matters ea code)
6120 Stoneridge M	all Rd. 3rd Floon	CFIVED	Prefix:	First Name:	Kevin
City: Pleasanton		4 0000	Middle Name		
County: Alameda	JUN	1 to 2003	Last Name	Knudtson	
State: CA	Zip Code	LEARING HOUSE	Suffix:		
Country: USA	OTPOPEL O	LL/IIIII	Email:	kkundtson@comp	nunityeconomics.org
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number	r (give area code)	Fax Number (give area code)
94-1225374			(510) 832-830	00 x301	(510) 832-2227
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See ba	ck of form for Application Types)
Mew If Revision, enter appropriate letter		n 🖫 Revision	O - Not fo	or Profit	
(See back of form for description	of letters.)	П	Other (specify)		
Other (specify)			9. NAME OF F U.S. Departme	EDERAL AGENCY: ent of Housing & Urba	an Development
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	1		ICANT'S PROJECT:
		14-157	Section 202 S	upportive Housing for	the Elderly
TITLE (Name of Program): Section 202 Supportive Housing	for the Elderly				
12. AREAS AFFECTED BY PRO	OJECT (Cities, Countles	, States, etc.):			
Daly City CA, San Mateo Cou	nty		44 CONCRES	SIONAL DISTRICTS	s OF:
13. PROPOSED PROJECT Start Date:	Ending Date: G	67	a. Applicant		b. Project
15. ESTIMATED FUNDING:	'/	67	16. IS APPLIC	8 ATION SUBJECT TO	12 D REVIEW BY STATE EXECUTIVE
		00	ORDER 12372	PROCESS?	N/APPLICATION WAS MADE
a. Federal \$		4,775,000	Ja. res. 🖭 Al	AILABLE TO THE S ROCESS FOR REVIE	TATE EXECUTIVE ORDER 12372
b. Applicant \$				-1.1	
c. State \$				-	
d. Local \$		1,400,000	D. NO. ILJ		VERED BY E. O. 12372
e. Other \$		gu	FC free FC	OR REVIEW	OT BEEN SELECTED BY STATE
f. Program Income \$			17. IS THE AP	PLICANT DELINQU	ENT ON ANY FEDERAL DEBT?
g. TOTAL \$		6,175,00 0 °	1	" attach an explanatio	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF '	LICATION/PRETHE APPLICAN	APPLICATION ARE T AND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a, Authorized Representative Prefix	First Name			Middle Name	
	David		-	B. Suffix	
Last Name Ferguson					t (alian area anda)
b. Title President/CEO ABHOW				c. Telephone Numbe (925) 924-7113	(give area code)
d. Signature of Authorized Reports	sentative			e. Date Signed	0 1 1 1 10 10 0 0000
Previous Edition Usable Authorized for Local Reopoduction	ļ			/ /	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

ADDI IOATION FOR						Version 7/03
APPLICATION FOR FEDERAL ASSISTANCE	E	2. DATE SUBMITTED			Applicant Iden	tifier
1. TYPE OF SUBMISSION:	Due and Banking	3. DATE RECEIVED BY	STATE		State Applicati	on Identifier
Application	Pre-application Construction	4. DATE RECEIVED BY	FEDERA	AGENCY	Federal Identif	ier
Construction Non-Construction	Non-Construction	1				
5. APPLICANT INFORMATION	1		Organiz	ational Unit:		
Legal Name: Broadmoor Presbyterian	Church (a. Sp	hac or	Departm			
Organizational DUNG:	0914613	וואכווו	Division:			
Address:	0419613	CALCULAR SECURIOR SECURIOR SECURIOR SECURIOR DE SECURI	Name a	nd telephone	number of pe	rson to be contacted on matters
Street: 377 - 87th Street		RECEIVE	Prefix:	g this applic	ation (give are	a code) Kevin
City:		JUN 1 6 200	-Middle 1	lame	<u> </u>	RBVIII
Daly City County:		JUN 1 0 200	Last Na	ne Knudtse		
Sen Mateo State:	Zip Code	STATE CLEARING H	SUR	Killadist	JN ·	
CA Country:	94015	And the second s	Email:			
USA 6. EMPLOYER IDENTIFICATION	ON NUMBER (EIM).		Phone N	kknudts: lumber (give a	on@community	economics.org Fax Number (give erea code)
	_ ` ·		1	32-8300	,	(510) 832-2227
8. TYPE OF APPLICATION:	1		, ,		ANT: (See back	c of form for Application Types)
Ne	w 🖺 Continuat	ion 🔲 Revision		ot for Profit	`	
If Revision, enter appropriate les (See back of form for description	tter(s) in box(es)		Other (sr			
(DEO DAOR OF TOTAL TOT GCOOLPING			``	3,	AL LOCKOV	
Other (specify)			U.S. De	partment of H	AL AGENCY: ousing & Urban	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTA	NCE NUMBER:	1			CANT'S PROJECT:
		14-157	Section	202 Supporti	ve Housing for t	he Elderly
TITLE (Name of Program): Section 202 Supportive Housin	ng for the Elderly					
12. AREAS AFFECTED BY PE	ROJECT (Cities, Count	ies, States, etc.):				
Daly City, CA, San Mateo Coul	nty				I DIOTRIGTO	00-
13. PROPOSED PROJECT Start Date: 0.1	Ending Date:		a. Applic		L DISTRICTS	b. Project
Statt Date. 9/14/06	Litting Date.	9/07	1 ''	12		12
15. ESTIMATED FUNDING:				12372 PROC	FSS?	REVIEW BY STATE EXECUTIVE
a, Federal \$	3	4,775,000	a, Yes,	THIS PRE	EAPPLICATION	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	3	00			S FOR REVIEW	
c. State \$,do	1	DATE:		
d. Local \$	3	1,400,000	b. No. 1	n PROGRA	M IS NOT COV	'ERED BY E. O. 12372
e, Other	3	QU	1	FOR REV	/IFW	T BEEN SELECTED BY STATE
f. Program Income	3	- OD	17. IS T	HE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	3	6,175,000	☐ Yes	If "Yes" attact	an explanation	n. 💆 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	(AUTHORIZED BY TH	EF, ALL DATA IN THIS APP IE GOVERNING BODY OF	LICATIO	N/PREAPPLI LICANT AND	CATION ARE THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name			Middle	Name	
Last Name Anderson	Joan			Suffix		
b. Title					phone Number	(give area code)
President d. Signature of Aythorized Rept	Agentative /	1			756-5224 Signed	-lialac
1 John of	"L MMA	eron			05	Standard Form 424 (Rev 9-2003

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative
Prefix

First Name
David

Middle Name
B.

Suffix

Ferguson

b. Title
President/CEQ BHOW
G. Telephone Number (give area code)
(925) 924-7113

d. Signature of Authorized Signed

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Authorized for Local

Reproduction

Prescribed by OMB Circular A-102

								Version	
APPLICATION FOR	LICATION FOR ERAL ASSISTANCE		2. DATE SUBMITTED		Apr Identifier				
TYPE OF SUBMISSION: Application	Pre-application		3. DATE RECEIVED BY STATE		State Application Identifier				
Construction	Construction				F. d. villa	- 1161			
			4. DATE RECEIVED BY F	EDERAL AGENCY	Federal Ide	ntifier		•	
Non-Construction	Non-Constru	ction			<u> </u>				
5. APPLICANT INFORMATION	<u> </u>			r		···			
Legal Name:	Organizational Unit:								
CHT Resource Group				Department:					
Organizational DUNS:									
058009262	Division:								
Address:									
Street:	Name and telephone number of the person to be contacted on matters involving								
614 Grand Avenue, Su	this application (give area code)								
City:				Prefix: First Name:					
Oakland, CA 94610				Ms	Rebecca (Malia)				
County:				Middle Name:				Rr	
Alameda	The state of the s							- CC	
State:		ZIP:	•	Last Name:			/	"	
California		9461)	Ramler				JUN ,	
Country:				Suffix:			STA.	RECE JUN 16	
USA								ECIP	
6. EMPLOYER IDENTIFICATION		:		Phone Number (g.		·	AX Number (give a	rea code ARING	
9 3 - 1 2 2 0	0 4 7 3			Suffix: Phone Number (give area code): (510) 625-1256 7. TYPE OF APPLICANT (See back of form for Application Types):					
B. TYPE OF APPLICATION:			enang .	7. TYPE OF APPLICANT (See back of form for Application Types):					
	New (Continuatio	n Revision	O. Not for Pro	fit Organiza	ation			
If Revision, enter appropriate let	tter(s) in box(es):			Other (Specify):					
(See back of form for description	n of letters)			Other (Opcony)	•				
Other (Carallel)									
Other (Specify):	9. NAME OF FEDERAL AGENCY:								
				Administration for Children and Families					
10. CATALOG OF FEDERAL D	11. DESCRIPTIVE	E TITLE OF A	PPLICANT'S P	ROJECT:					
ASSISTANCE NUMBER:	Training for WIC staff in family-centered education about								
TITLE (Name of Program):	nutrition								
12. AREAS AFFECTED BY PR			scretionary - Food an ntes, etc.):						
California									
13. PROPOSED PROJECT:				14. CONGRESSIO	ONAL DISTRI	ICTS OF:			
Start Date:	Endir	g Date:		a. Applicant		b.	. Project		
10/01/2005	09/	30/2006		Ninth		1.0	<i>N</i> ultiple		
15. ESTIMATED FUNDING:			and the same of th	16. IS APPLICATI	ION SUBJEC	T TO REVIEW	BY STATE EXECU	ITIVE ORDER 1237	
a. Federal	1		¢50,000,00	PROCESS?					
			\$50,000.00	a. V YES. TH	IS PREAPPLI	CATION/APPLIC	CATION WAS MAD	E AVAILABLE TO	
o. Applicant			\$0.00					S FOR REVIEW ON	
: State			\$0.00		TE: 06/13/	2005		• .	
			Ψ0.00	process;					
d. Local			\$0.00	b. NO. PR	OGRAM IS N	OT COVERED	BY E. O. 12372		
e. Other		\$0.00	OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW						
. Program Income				17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?					
-			\$0.00 	print.					
g. TOTAL			\$50,000.00			an explanation			
8. TO THE BEST OF MY KNOW AUTHORIZED BY THE GOVE a. Authorized Representative	LEDGE AND BELIE RNING BODY OF T	F, ALL DA HE APPLIC	TA IN THIS APPLICATION/PR CANT AND THE APPLICANT V	EAPPLICATION ARI WILL COMPLY WITH	E TRUE AND (I THE ATTACH	CORRECT, THE HED ASSURANC	DOCUMENT HAS B	EEN DULY NCE IS AWARDED.	
Prefix	First	Name			Middle Na	ıme			
Ms. Patricia					Ann				
ast Name					Suffix				
	@jba-cht.com) (fax: 5	10-625-9307)						
Didekbarri (bidekbarri D. Title		, (,ax. o			c Teleph	one Number (ai	ve area code)	<u>-1</u>	
a. Title Associate Executive Di	rector				c. Telephone Number (give area code)				
						(510) 625-1256 e. Date Signed			
d. Signature of Authorized Repri		Λ.,		06/15/2005					

APPLICATION FOR FEDERAL ASSISTANCE	:	2. DATE SUBMITTED		Applicant Iden	Version 7/03			
		June 23,2005						
 TYPE OF SUBMISSION: Application 	Pre-application	3. DATE RECEIVED BY STATE		State Application Identifier				
Construction	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY Federal Identifier					
Non-Construction 5. APPLICANT INFORMATION	Non-Construction							
Legal Name:			Organizational Un	it:				
California State University Domi	nguez Hills		Department: College of Natural and Behavioral Sciences					
Organizational DUNS: 1038	95579		Division:					
Address:	PT/1721ectine-odykUrath-sun-sentk	PC CHRISTOPHIC AND RESPONSE			rson to be contacted on matters			
Street:	RE(CEIVED	Involving this application (give area code) Prefix: First Name:					
1000 E. Victoria St.			Rodrick					
Carson	JUN	1 1 6 2005						
County: Los Angeles		Last Name		Hay				
State: California	Zip Code SIAIE C	LEARING HOUSE	Suffix:					
Country: USA	THE STATE OF THE S	CONTRACTOR	Email: rhay@csudh.edu					
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)			
95-2543028]	•	310-243-3385					
8. TYPE OF APPLICATION:	<u> </u>		7. TYPE OF APPLICANT: (See back of form for Application Types)					
Nev		on Revision	I					
If Revision, enter appropriate let (See back of form for description	of letters.)		Other (specify)					
Other (specify)			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency					
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
TITLE (Name of Program):			Center for Urban E	nvironmental Res	earch .			
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	es, States, etc.):						
Los Angeles County			44 0011000000	NAL DICTRICTS	05:			
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	NAL DISTRICTS	b. Project			
July1, 2005		30, 2006	37		37			
15. ESTIMATED FUNDING:			ORDER 12372 PRO		REVIEW BY STATE EXECUTIVE			
a. Federal \$		192,800	a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON					
b. Applicant \$		157,018						
c. State \$	_ *****	.00	DATE:					
d. Local \$.00	b. No. FROGRAM IS NOT COVERED BY E. O. 12372					
e. Other \$		CO	OR PROGRAM HAS NOT BEEN SELECTED BY STATE					
f. Program Income \$, GO		EVIEW CANT DELINQUE	NT ON ANY FEDERAL DEBT?			
g. TOTAL \$		349,818 ·	Yes If "Yes" atta	ach an explanation	n. 🌠 No			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	F, ALL DATA IN THIS API GOVERNING BODY OF	PLICATION/PREAPP	LICATION ARE				
a. Authorized Representative			L :	II. St.				
Prefix	First Name Jamie			dle Name				
Last Name Dote-Kwan			Suff	ix				
b. Title Vice Provost for Aca	ademic Affairs		c. Telephone Number (give area code) 310-243-3307					
d. Signature of Authorized Repre	esentative Jam	w Dote Kwan	e. D	ate Signed $$	-15-05			
Previous Edition Usable Authorized for Local Reproduction					Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102			